

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

-----X	
In re	:
	:
DOWLING COLLEGE,	:
	:
	:
Debtor.	:
-----X	

Chapter 11

Case No. 16-75545 (REG)

**GLOBAL NOTES REGARDING
DEBTOR'S BANKRUPTCY SCHEDULES AND STATEMENTS**

The Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**SOFA**” and, collectively with the Schedules, the “**Bankruptcy Materials**”) of Dowling College in the above-captioned, chapter 11 case (the “**Debtor**” or “**Dowling**”) were prepared pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”) by management of the Debtor and are unaudited. While Debtor’s management has made reasonable efforts to ensure that the Bankruptcy Materials are accurate and complete, based upon information that was available to them at the time of preparation, subsequent information may result in material changes to the Bankruptcy Materials. Moreover, because the Bankruptcy Materials contain unaudited information, which is subject to further review and potential adjustment, there can be no assurance that these Bankruptcy Materials are complete. The Debtor reserves all rights to amend the Bankruptcy Materials from time to time, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected on the Bankruptcy Materials as to amount, liability or classification, or to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.” Furthermore, nothing contained in the Bankruptcy Materials shall constitute a waiver of rights with respect to the above-captioned Debtor, including but not limited to any issues involving substantive consolidation, equitable subordination, or causes of action arising under the provisions of Chapter 5 of the Bankruptcy Code or any other relevant non-bankruptcy laws to recover assets or avoid transfers. These global notes regarding the Debtor’s Bankruptcy Materials (“**Global Notes**”) comprise an integral part of the Bankruptcy Materials and should be referred to and considered in connection with any review of the Bankruptcy Materials.

Since June 2016, the Debtor has been winding down its operations and has significantly reduced its staff and resources. As a result, many of the Debtor’s reporting and accounting functions have been significantly disrupted and delayed. Accordingly, the Debtor has not received or fully analyzed all of the potential sources of the information required in support of the Bankruptcy Materials. The Debtor will continue its attempts to obtain and evaluate the necessary information available to it relating to the Debtor and may amend and update the Bankruptcy Materials as the same becomes necessary. Subsequent information or discovery may result in material changes to the Bankruptcy Materials, and inadvertent errors or omissions may exist. Accordingly, the Bankruptcy Materials are subject to modification, amendment and

supplementation as a matter of course at any time before the Debtor's case is closed pursuant to Bankruptcy Rule 1009.

The Debtor and its agents, financial advisors and attorneys do not guarantee or warrant the accuracy, completeness, or currentness of the data that is provided herein or in the Bankruptcy Schedules and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained herein. While every effort has been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. In no event shall the Debtor or its agents, financial advisors and attorneys be liable to any third party for any direct, indirect, incidental, consequential or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtor or its agents, financial advisors and attorneys are advised of the possibility of such damages.

General Notes

Description of Case

On November 29, 2016 (the “**Petition Date**”), the Debtor filed with the Court a voluntary petition for relief under chapter 11 of the Bankruptcy Code (the “**Chapter 11 Case**”). The Debtor is performing minimal operations and managing its properties as debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. No request for the appointment of a trustee or examiner has been made in these chapter 11 cases. Since June 2016, the Debtor has been winding down its operations and expects to seek approval of a plan of liquidation in this Chapter 11 Case.

Basis of Presentation. The Bankruptcy Materials reflect the assets and liabilities of the Debtor. The Bankruptcy Materials do not purport to represent financial statements prepared in accordance with U.S. Generally Accepted Accounting Principles (“**GAAP**”).

Failure to include an asset on the Bankruptcy Materials does not represent an admission that such asset is not property of the Debtor. Similarly, inclusion of a liability on the Bankruptcy Materials of the Debtor does not represent an admission that the Debtor is the party obligated for such liability.

Causes of Action. The Debtor, despite its efforts, may not have included all of its causes of action against third parties in the Bankruptcy Materials. The Debtor reserves all of its rights with respect to any causes of action it may have and neither these Global Notes nor the Bankruptcy Materials shall be deemed a waiver of any such causes of action or an abandonment of any such assets.

Claims Description. Any failure to designate a claim on the SOFA and Schedules as “contingent,” “unliquidated,” or “disputed” does not constitute an admission that such claim is not “contingent,” “unliquidated,” or “disputed.” The Debtor reserves the right to dispute or assert offsets or defenses to any claim reflected on its Schedules as to amount, liability, or

classification, or to otherwise subsequently designate any claim as “contingent,” “unliquidated,” or “disputed.” Moreover, the Debtor reserves all rights to amend the SOFA and Schedules, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or to assert offsets or defenses to any claim reflected on the SOFA and Schedules as to amount, liability or classification of the claim.

Furthermore, nothing contained in the SOFA and Schedules shall constitute a waiver of rights by the Debtor involving any present or future causes of action, contested matters or other issues under the provisions of chapter 5 or chapter 11 of the Bankruptcy Code or other applicable non-bankruptcy laws.

Listing a claim or contract (1) on Schedule F as “unsecured,” or (2) on Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor’s rights to recharacterize or reclassify such claim or contract.

Dates. Unless otherwise indicated, all asset and liability information is listed as of November 29, 2016.

Excluded Assets and Liabilities. The Debtor has excluded certain categories of assets and liabilities from the Bankruptcy Materials that are recorded in the Debtor’s books and records pursuant to certain accounting principles but are not necessarily indicative of value that can be realized or a liability that can be enforced. Such excluded items include deferred liabilities.

General Reservation of Rights. The Debtor specifically reserves the right to amend, modify, supply, correct, change or alter any part of its Schedules and SOFAs as and to the extent necessary as it deems appropriate.

Insiders. In the circumstance where the Bankruptcy Materials require information regarding insiders and/or officers and directors, the Debtor has attempted to include therein the Debtor’s (a) directors and (b) employees that may be, or may have been during the relevant period, “officers,” as such term is defined by applicable law. The listing of a party as an insider is not intended to be, nor should it be, construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims, and defenses are hereby expressly reserved. Employees have been included in this disclosure for informational purposes only and should not be deemed to be “insiders” in terms of control of the Debtor, management responsibilities or functions, decision-making or corporate authority and/or as otherwise defined by applicable law, including without limitation, federal securities laws, or with respect to any theories of liability or for any other purpose.

Specific Notes.

These Global Notes are in addition to the specific notes set forth below and in the individual Bankruptcy Materials. Disclosure of information in just one of the Schedules, SOFA, exhibit, or continuation sheet, even if incorrectly placed, shall be deemed to be disclosed in the correct location within the Schedules, SOFA, exhibit or continuation sheet.

Totals. All totals that are included in the Bankruptcy Materials represent totals of all the known amounts included in the Schedules. The amounts shown for total liabilities exclude items identified as “unknown” or “undetermined” therefore, ultimate total liabilities as established following a claims bar process may differ materially from those stated in the Bankruptcy Materials.

Dates. Unless otherwise indicated, all asset and liability information is listed as of the Petition Date (November 29, 2016).

Accounts Receivable and Accounts Payable. Accounts Receivable are presented without consideration for any liabilities related to mutual counterparty accounts payable, open or terminated contract liabilities, liquidated damages, setoff rights or collateral held by the Debtor, unless otherwise stated. Likewise, Accounts Payable do not include provisions for open or terminated contracts, liquidated damages, setoff rights or collateral that has been provided on behalf of the counterparty.

Leases. In the ordinary course of business, the Debtor may have leased certain fixtures and equipment from certain third party lessors for use in the daily operation of its business. The underlying lease agreements are listed on Schedule G and any current amount due under such leases that were outstanding as of the Petition Date are listed on Schedule F. Nothing in the Schedules and Statements is or shall be construed as an admission as to the determination of the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all rights with respect to such issues.

Restricted Funds. Prior to the Petition Date, the Debtor had several bank and investments accounts that were treated as restricted in its books and records. Pursuant to the Interim Cash Management Order [Docket No. 80], the Debtor is in the process of determining whether these accounts contain restricted funds which do not amount to unqualified property of the estate. The Debtor will endeavor to complete its assessment and report its findings to the Court through a statement to be filed with the Court within thirty (30) days after the Petition Date, and promptly thereafter transfer any unrestricted balances therein as cash collateral to the DIP Bank Accounts in a manner consistent with applicable lien rights. The Debtor reserves the right to seek an extension of this time period from the Court if it needs more time to complete its assessment.

Endowment Funds. Temporarily restricted net assets consist of various donor-restricted amounts for academic programs, scholarships, and revenue for future periods (i.e., contributions receivable and accumulated gains on endowment funds). Permanently restricted net assets represent endowment corpus, which provides investment income principally for scholarships. Dowling’s endowment consists of approximately 55 individual funds established for a variety of purposes, including donor-restricted endowment funds. Dowling’s management and investment of donor-restricted endowment funds is subject to the provisions of New York Prudent Management of Institutional Funds Act (NYPMIFA). Pursuant to the investment policy approved by the board of trustees of Dowling, Dowling has interpreted NYPMIFA as allowing it to appropriate for expenditure or accumulate so much of a donor-restricted endowment fund, as Dowling deems prudent for the uses, benefits, purposes, and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument. As a result of this interpretation, Dowling records the remaining portion of the donor-restricted endowment fund that is not

permanently restricted, as temporarily restricted until those amounts are appropriated for expenditure in a manner consistent with the standards of prudence prescribed by NYPMIFA.

Levied Bank Accounts. Prior to the Petition Date, the Debtor's funds on deposit at TD Bank, NA (approximately \$506,000) were removed from the accounts and placed in separate holding accounts by TD Bank, NA in accordance with its internal procedures and following receipt of certain Restraining Notices served pursuant to NY CPLR Section 5222(b) filed by certain prepetition judgment creditors. Included in these restrained funds may have been certain restricted funds. Consistent with the Interim Cash Management Order referred to above, the Debtor is in the process of evaluating the restrictions on these funds. The Debtor has made written demand for turnover of these funds from TD Bank, NA.

Deposits held with third parties. Prior to the Petition Date, the Debtor maintained certain funds on deposit with the indenture trustees in relation to certain bond series which amounted to reserve funds required under the various bond indenture agreements. Prior to the Petition Date, the Debtor understands that the bond trustees exercised their rights under the indentures and swept any remaining funds in these accounts of approximately \$1,089,000.

Payments by secured lenders made pre-petition on behalf of the Debtor for third party expenses. On or about September 20, 2016, Dowling and the respective indenture trustees for the Series 2002 Bonds, Series 2006 Bonds and Series 2015 Bonds (collectively, the "**Bond Trustees**"), the Series 2006 Bond Insurer, and UMB Bank, N.A., as escrow agent (the "**Escrow Agent**"), entered into that certain Escrow Agreement, pursuant to which the Bond Trustees and Series 2006 Bond Insurer caused certain protective advances to be made under applicable loan facilities to pay directly certain expenses otherwise due and owing by Dowling (the "**Escrow Advance Agreement**"). The terms of the Escrow Advance Agreement clearly provided that Dowling maintained no interest in the funds held by the Escrow Agent. Approximately \$2.8 million was funded in this fashion through the Escrow Advance Agreement to pay expenses of Dowling prior to the Petition Date. Notwithstanding the lack of interest in the funds transferred, the Debtor has chosen to disclose the subject payments made directly by the Escrow Agent for the benefit of Dowling in the SOFA relating to payments made to non-insiders 90 days and insiders within 1 year of the Petition Date.

Retirement Plan. The Debtor has a contributory defined-contribution retirement plan with Teacher's Insurance and Annuity Association and College Retirement Equities Fund, which covered full-time employees who elected to participate in this plan (the "**Retirement Plan**"). The sponsor amended the Retirement Plan effective, May 25, 2012 to eliminate the required matching contributions and employer contributions, and to provide for discretionary matching contributions as well as discretionary employer contributions under the Retirement Plan. Effective July 1, 2012, the Debtor suspended employer contributions. The Debtor also participates in three multi-employer pension plans under terms of certain collective bargaining agreements that cover a number of its employees (current and former) that were union members. The Debtor participates in the I.A.M National Pension Fund, National Pension Plan and the International Union of Operating Engineers (IUOE) Local 30 Pension Fund, both comprised of maintenance employees, and Local 153 Pension Fund, comprised of office and professional employees.

Self-Insured Medical and Dental benefit plan. The Debtor was during recent periods self-insured for employee medical and dental benefits. Under the provisions of the self-insured health plan (the “**Health Plan**”), an insurance carrier provided claims processing and administrative functions, as well as stop-loss coverage over a stipulated level of claims. Upon the closing of the Debtor’s operations in June 2016, this Health Plan was terminated. The U.S. Department of Labor is in the process of evaluating the outstanding unpaid claims under this Health Plan. As of the Petition Date, the Debtor is unable to quantify the total amount of claims to be potentially asserted in relation to the termination of the Health Plan due to, among other reasons, the fact that many claims may be duplicates or disallowed under the Health Plan. In addition, the Debtor’s third party administrator of the Health Plan is a creditor and will not agree to process the associated claims until it is paid in full. Finally, the Debtor is presently unable to determine which parties actually hold the claims for monetary loss associated with the Health Plan termination, if any. Until further analysis can be performed, the Debtor has disclosed this issue herein and in the Schedules, without quantification of the amounts due.

Early Retirement Incentive Program. In January 2015, Dowling offered a one-time early retirement incentive program to faculty members that met certain qualifications. The benefit, which was tiered based on years of employment, was to be paid over a four-year period. The balance due on these amounts at the Petition Date are included in Schedule F.

Schedule A/B(3): Checking, savings, money market, or financial brokerage accounts. Bank account balances included on B.2 are reflective of the opening book balances as of November 29, 2016, which may differ slightly from the bank balances due to common reconciling items. Such amounts are subject to the evaluation currently being performed, pursuant to the Interim Cash Management Order, on restricted accounts discussed above.

Schedule A/B Part 9: Real Property. The value of the land and buildings included on Schedule A are reflected based on appraisals prepared in 2013 through 2016 on the Debtor’s properties.

Schedule A/B Part 10

Part 10 # 62 : Licenses, Franchises, and Other General Intangibles. The items listed by Liberty in Schedule B.22 are either not carried as individual assets in the Debtor’s books and records or have been fully depreciated, therefore, the Debtor has not estimated their value.

Part 10 #64: The Debtor has compiled certain student lists and related information. This information is confidential and therefore has not been included on Schedule A/B; the omission of such information should not be deemed a conclusion that such information has no value or does not exist.

Part 10 #76-Trusts, equitable or future interests in property. Contributions/Pledges Receivable. Contributions and Pledges Receivable include pledges that are to be fulfilled through the respective donors’ interests in life insurance policies and annuities, for which Dowling is the sole beneficiary. The Debtor is evaluating if these policies are conditional. In addition, the Debtor has not received fair market appraisals of these assets.

Schedule D: Creditors Holding Secured Claims. Except to the extent provided otherwise in any Order of this Court, the Debtor reserves the right to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D. Moreover, although the Debtor may have scheduled claims of various creditors as secured claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument (including, without limitation, any intercompany agreement) related to such creditor's claim. The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Except as specifically stated herein, real property lessors, utility companies and other parties which may hold security deposits have not been listed on Schedule D. Certain of the Debtor's agreements listed on Schedule G may be in the nature of conditional sales agreements or secured financing agreements. No attempt has been made to identify such agreements for purposes of Schedule D.

Schedule E: Creditors Holding Unsecured Priority Claims. While commercially reasonable efforts have been made, determining the date upon which each claim in Schedule E was incurred or arose would be unduly burdensome and cost prohibitive, and therefore, the Debtor does not list a date for each claim listed on Schedule E. Further, the Debtor is still in the process of evaluating portions of some of the claims listed on Schedule E. The Debtor reserves the right to assert that any claim listed on Schedule E does not constitute an unsecured priority claim under 11 U.S.C. § 507.

Schedule F: Creditors Holding Unsecured Non-Priority Claims. Schedule F does not include certain deferred charges, deferred liabilities or general reserves. Such amounts are general estimates of liabilities and do not represent specific claims as of the Petition Date; however, they may be reflected on the Debtor's books and records as required in accordance with GAAP.

The claims listed in Schedule F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. While reasonable efforts have been made to determine the date upon which each claim in Schedule F was incurred or arose, making all such determinations would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each claim listed on Schedule F.

In addition, after further review of these claims, certain claims listed on Schedule F may ultimately be determined to be entitled to priority status under section 507 of the Bankruptcy Code. The Debtor has made its best efforts to include all trade creditors on Schedule F; however, the Debtor believes there are instances where vendors have yet to provide proper invoices for prepetition goods or services.

Schedule G: Executory Contracts. While commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or over-inclusions may have occurred. The Debtor reserves all of

its rights to dispute the validity, status or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement such Schedule as necessary.

The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended and supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements which may not be listed therein.

Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as easements, right of way, subordination, nondisturbance and attornment agreements, supplemental agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents are also not set forth on Schedule G.

In addition, certain of the agreements listed on Schedule G may be in the nature of conditional sales agreements or secured financings. The Debtor reserves all rights to dispute or challenge the characterization of the structure of any transaction, or any document or instrument (including, without limitation, any intercompany agreement) related to a creditor's claims. Finally, certain of the executory agreements may not have been memorialized and could be subject to dispute.

Listing a contract or agreement on this schedule does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. Any and all of the Debtor's rights, claims, and causes of action with respect to the contracts and agreements listed on this schedule are hereby reserved and preserved. Similarly, the listing of a contract or lease on this schedule does not constitute admission that such document is not a secured financing.

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 106,128,262.30
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 2,677,447.50
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 108,805,709.80

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 61,264,658.65
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 162,431.95
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 4,368,896.53
4. Total liabilities Lines 2 + 3a + 3b	\$ 65,795,987.13

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.	US Bank, NA 800 Nicollet Mall Minneapolis, MN 55402	Restricted Perkins	1467	\$254,006.51
3.2.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Operating Account	7019	\$0.00
3.3.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	A/P Disb. Account	6763	\$0.00
3.4.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	A/P Manual Disb.	6748	\$0.00
3.5.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Payroll	6771	\$0.00
3.6.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Merchant Account	6755	\$0.00

Debtor	Dowling College Name	Case number (If known)	16-75545 (REG)	
3.7.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Refund Account	6522	\$0.00
3.8.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Flexible Spending Account	4257	\$0.67
3.9.	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	(Reserves)TD Sewage Treatment Replacement Par	3090	\$2.48
3.10	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	(Reserves)TD Sewage Treatment Maintenance Fund	3082	\$2.48
3.11	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	TD Activity Account (Checking)	3699	\$0.06
3.12	TD Bank, NA 1701 Marlton Pike E Cherry Hill, NJ 08003	Student Activity Center Money Market	2490	\$0.00
3.13	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Operating Account	2066	\$0.00
3.14	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	2002 Bond Series Disbursement Account	2070	\$0.00
3.15	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead	2067	\$0.00
3.16	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead	2068	\$0.00
3.17	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	2015 Bond Series Disbursement Account	2069	\$0.00
3.18	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	2006 Bond Series Disbursement Account	2072	\$0.00
3.19	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Cash only	9057	\$34,319.44

Debtor	Dowling College Name	Case number (If known)	16-75545 (REG)
3.20	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Cash Reserve	5595 \$2,749.79
3.21	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Payroll Escrow	8781 \$271.44
3.22	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Astoria Port Jeff.	2706 \$603.02
3.23	Astoria Bank 1 Astoria Bank Plaza Lake Success, NY 11042	Cash - Astoria Federal, Port Jeff MM	0780 \$356.00
3.24	TD Wealth 1701 Marlton Pike E Cherry Hill, NJ 08003	Restricted - Buescher Trust Money Market	3018 \$64,872.46
3.25	Lazard Asset Management 30 Rockefeller Plaza New York, NY 10112	Restricted Money Market	6340 \$48,717.00
3.26	Lazard Asset Management 30 Rockefeller Plaza New York, NY 10112	Restricted Investments	8252 \$1,408,196.10
3.27	TD Wealth 1701 Marlton Pike E Cherry Hill, NJ 08003	Restricted Vico Italian Chair Money Market	3012 \$109,890.05
3.28	California Republic Bank 18400 Von Karman, Suite 100 Irvine, CA 92612	Creditor Funding/Depository Overhead	5647 \$0.00
3.29	California Republic Bank 18400 Von Karman, Suite 100 Irvine, CA 92612	2015 Bond Series Disbursement Account	5662 \$5,100.00
3.30	California Republic Bank 18400 Von Karman, Suite 100 Irvine, CA 92612	2002 Bond Series Disbursement Account	5654 \$0.00
3.31	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Operating Account	0866 \$116,108.62

Debtor **Dowling College** Case number (If known) **16-75545 (REG)**

Name

3.32	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead	0867	\$32,702.19
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3.33	Rabobank, NA 2100 South Blosser Road Santa Monica, CA 93458	Creditor Funding/Depository Overhead (Bond Series 2006 CP Acct.)	0868	\$30,711.53
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3.34	TD Bank, NA 1701 Route 70 East Cherry Hill, NJ 08034	Separate Holding Account created by TD following receipt of Restraining Notice		\$505,651.14
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3.35	TD Bank, NA 1701 Route 70 East Cherry Hill, NJ 08034-5400	Separate Holding Account created by TD following receipt of Restraining Notice		\$878.69
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4. **Other cash equivalents** (*Identify all*)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,615,139.67**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Wilmington Trust**Account No. 1039500**

7.1.	BNY-SCIDA 2006A DSRF	Unknown
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Capital One**Account No. 5524036182**

7.2.	TENANT SECURITY DEPOSITS	\$62,307.83
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8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$62,307.83**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

Debtor **Dowling College**

Name

Case number (If known) **16-75545 (REG)**

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2004 Dodge Grand Caravan VIN # 1D4GP23R74B593224 Plate # CTS 2244	Unknown	N/A	Unknown
47.2. 2002 Dodge Ram 2500 VIN # 3B7KC26Z72M268965 Plate # GLZ 6361	Unknown	N/A	Unknown
47.3. 2002 Dodge Ram B-3500 Wagon VIN # 2B5WB35ZX2K131735 Plate # CMC 9752	Unknown	N/A	Unknown
47.4. 2009 Chevy Silverado 2500 VIN # 1GCHK43KX9F111604 Plate # 243 86JY	Unknown	N/A	Unknown
47.5. 2002 Flat Boat Trailer VIN # NYA532674 Plate # AF31832	Unknown	N/A	Unknown
47.6. 1997 Crew Boat Trailer VIN # 100KKCJB3UG003544 Plate # AF64703	Unknown	N/A	Unknown
47.7. 2002 Dodge Ram Wagon VIN # 2B5WB35Z82K119132 Plate # CME 5503	Unknown	N/A	Unknown
47.8. 2003 Dodge Dakota Sport PU VIN # 1D7GG36X43S334160 Plate # CMC9791	Unknown	N/A	Unknown
47.9. 2002 Dodge Caravan SE VIN # 1B4GP25302B741858 Plate # DCK9	Unknown	N/A	Unknown

Debtor	Dowling College Name	Case number (If known) 16-75545 (REG)
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47.10	2008 Toyota Scion XB 4DSN VIN # JTLKE50E781010912 Plate # EAH 6452	Unknown	N/A	Unknown
<hr/>				
47.11	2002 Dodge Ram 1500Q VIN # 1D7HU18N13S280376 Plate # IDLEHR	Unknown	N/A	Unknown
<hr/>				
47.12	2007 Chevy Express G2 VIN # 1GAGG25V271248788 Plate # EBN 8813	Unknown	N/A	Unknown
<hr/>				
47.13	2002 Dodge Intrepid S VIN # 2B3HD46R32H176965 Plate # BWN4270	Unknown	N/A	Unknown
<hr/>				
47.14	2008 Dodge Ram 1500S VIN # 1D7HA16K18J181717 Plate # ELM 8805	Unknown	N/A	Unknown
<hr/>				
47.15	2003 Dodge Dakota VIN # 1B7FL26X21S203396 Plate # 991DWL	Unknown	N/A	Unknown
<hr/>				
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1.	Skulls, Pacer, Boats	Unknown		Unknown
<hr/>				
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Other equipment and fixtures:			
	2006	85,159.00		
	2007	151,466.00		
	2008	624,311.04		
	2009	573,493.52		
	2010	1,374,767.36		
	2011 or Later	730,492.16	\$3,539,689.00	N/A
<hr/>				

51.	Total of Part 8. Add lines 47 through 50. Copy the total to line 87.	\$0.00
52.	Is a depreciation schedule available for any of the property listed in Part 8? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
53.	Has any of the property listed in Part 8 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No	

Debtor **Dowling College**
NameCase number (If known) **16-75545 (REG)**☐ Yes**Part 9: Real property****54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 115 Idle Hour Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$32,403.78	Appraisal	\$350,000.00
55.2. 89 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$313,000.00
55.3. 88 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$17,412.55	Appraisal	\$300,000.00
55.4. 87 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$160,187.00	Appraisal	\$310,000.00
55.5. 99 Idle Hour Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisal)	Fee Ownership	\$230,866.90	Appraisal	\$315,000.00
55.6. 15 Idle Hour Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$265,000.00
55.7. 58 Woodlawn Avenue Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$314,000.00

Debtor	Dowling College	Case number (If known) 16-75545 (REG)			
	Name				
55.8.	27 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$315,000.00
55.9.	39 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$350,000.00
55.10	47 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$154,805.77	Appraisal	\$350,000.00
55.11	80 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$95,820.07	Appraisal	\$320,000.00
55.12	72 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$66,313.53	Appraisal	\$283,000.00
55.13	102 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$630,000.00
55.14	90 Elsmere Avenue Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$312,000.00
55.15	138 Central Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$352,000.00
55.16	14 Elsmere Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$345,000.00
55.17	44 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$350,000.00

Debtor	Dowling College	Case number <i>(If known)</i> 16-75545 (REG)			
	Name				
55.18	48 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$309,000.00
55.19	52 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$290,000.00
55.20	56 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$308,000.00
55.21	64 Van Bomel Blvd. Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$121,521.00	Appraisal	\$340,000.00
55.22	21 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$189,945.80	Appraisal	\$350,000.00
55.23	64 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$10,368.05	Appraisal	\$298,000.00
55.24	81 Chateu Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$31,598.05	Appraisal	\$286,500.00
55.25	94 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$172,775.10	Appraisal	\$630,000.00
55.26	96 Biltmore Avenue Oakdale, NY 11769 (based on May 9, 2013 Appraisals)	Fee Ownership	\$97,845.28	Appraisal	\$425,000.00
55.27	8 Montauk Highway Oakdale, NY 11769	Fee Ownership	Unknown	FMV Estimate	Unknown
55.28	135 Idle Hour Blvd. Oakdale, NY 11769 (based on May 9, 2013 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$550,000.00

Debtor	Dowling College Name	Case number (If known) 16-75545 (REG)			
55.29	121 Central Blvd Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$157,855.13	Appraisal	\$333,000.00
55.30	274 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$235,000.00
55.31	275 Connetquot Drive Oakdale, NY 11769 (based on June 30, 2014 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$340,000.00
55.32	123 Idle Hour Blvd. Oakdale, NY 11769 (based on May 9, 2013 Appraisals)	Fee Ownership	\$0.00	Appraisal	\$325,000.00
55.33	Oakdale Campus 150 Idle Hour Blvd. Oakdale, NY 11769 (based on April 6, 2016 Appraisals)	Fee Ownership subject to leasehold estates	\$52,335,000.00	Fair Market	\$52,335,000.00
55.34	Brookhaven Campus 1300 William Floyd Parkway Shirley, NY 11967 (based on April 6, 2016 Appraisals)	Fee Ownership subject to leasehold estates	\$42,650,000.00	Fair Market	\$42,650,000.00
55.35	8 Idle Hour Blvd. Oakdale, NY 11769	Fee Ownership	\$59,430.63	Appraisal	\$59,430.63
55.36	278 Connetquot Drive Oakdale, NY 11769	Fee Ownership	\$194,111.34	Appraisal	\$194,111.34
55.37	Education North Building 123 Idle Hour Blvd. Oakdale, NY 11769	Fee Ownership	\$96,220.33	Appraisal	\$96,220.33
55.38	St. Johns University Campus 500 Montauk Highway Oakdale, NY 11967	Leasehold	Unknown	N/A	Unknown

Debtor **Dowling College**
NameCase number (If known) **16-75545 (REG)**56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$106,128,262.30**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☒ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Patent - Intermodal Transportation Simulation System	Unknown		Unknown
	Trademark - Gift of Knowledge	Unknown		Unknown
	Trademark - The Personal College	Unknown		Unknown
	Trademark - Explicit Ideology	Unknown		Unknown
	Trademark - The National Aviation and Transportation Center	Unknown		Unknown
	Trademark - The NAT Center	Unknown		Unknown
	Trademark - Transportation's "Solutions Integrator"	Unknown		Unknown
	Trademark - The College on the Banks of the Whole Wide World	Unknown		Unknown
	Pending trademark - The National Aviation and Technology Center	Unknown		Unknown
61.	Internet domain names and websites dowling.edu	\$0.00		Unknown

62. **Licenses, franchises, and royalties**63. **Customer lists, mailing lists, or other compilations**

Debtor Dowling College Case number (If known) 16-75545 (REG)
 Name

Alumni Directory	\$0.00	Unknown
-------------------------	---------------	----------------

64. Other intangibles, or intellectual property 65,000 IP Addresses	\$0.00	Unknown
--------------------------------------------------------------------------------------	---------------	----------------

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☐ No

☒ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
Zurich American Insurance Company
Policy from: 10/1/16 - 10/1/17
Property

Unknown

Zurich American Insurance Company
Policy from: 10/1/16 - 10/1/17
Inland Marine

Unknown

Philadelphia Indemnity Insurance Company
Policy from: 10/1/16 - 10/1/17
General Liability

Unknown

Hartford Fire Insurance Company
Policy from: 10/1/16 - 10/1/17
Commerical Auto

Unknown

Debtor	Dowling College Name	Case number (If known)	16-75545 (REG)
	Hartford Casualty Insurance Co. Policy from: 10/1/16 - 10/1/17 Workers' Compensation		Unknown
	Columbia Casualty Policy from: 10/1/16 - 10/1/17 Umbrella		Unknown
	Chubb/Federal Insurance Company Policy from: 10/1/16 - 10/1/17 Directors and Officers Liability/Employment Practices Liability		Unknown
	Chubb/Executive Risk Specialty Ins. Co. Policy from: 10/1/16 - 10/1/17 Fiduciary Liability/Crime		Unknown
	Prudential Policy from: 9/1/15-11/30/16 Short Term Disability		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (Oakdale)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (Fortunoff Hall)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (Security Building)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (80 Chateau Drive)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (89 Central Blvd.)		Unknown
	American Bankers Insurance Company of Florida Policy from: 12/31/15 - 12/31/16 Flood Insurance (1300 William Floyd Parkway)		Unknown
	American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (96 Biltmore Ave.)		Unknown

Debtor **Dowling College**
Name

Case number (If known) **16-75545 (REG)**

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (87 Central Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (88 Central Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (120 Central Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (138 Central Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (21 Chateau Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (27 Chateau Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (39 Chateau Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (47 Chateau Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (64 Chateau Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (72 Chateau Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (81 Chateau Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (94 Connetquot Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (102 Connetquot Drive)

Unknown

Debtor **Dowling College**
Name

Case number (If known) **16-75545 (REG)**

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (275 Connetquot Drive)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (14 Elsmere Ave.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (90 Elsmere Ave.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (15 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (99 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (115 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (123 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (135 Idle Hour Blvd.)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (150 Idle Hour Blvd. - Racanelli)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (150 Idle Hour Blvd. - KSC)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (8 Montauk Highway)

Unknown

American Bankers Insurance Company of Florida
Policy from: 11/1/16 - 11/1/17
Flood Insurance (44 Van Bomel Blvd.)

Unknown

Debtor <u>Dowling College</u> <small>Name</small>	Case number (If known) <u>16-75545 (REG)</u>
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American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (48 Van Bomel Blvd.)	<u>Unknown</u>
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (52 Van Bomel Blvd.)	<u>Unknown</u>
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (56 Van Bomel Blvd.)	<u>Unknown</u>
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (64 Van Bomel Blvd.)	<u>Unknown</u>
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (1300 William Floyd Parkway)	<u>Unknown</u>
<hr/>	
American Bankers Insurance Company of Florida Policy from: 11/1/16 - 11/1/17 Flood Insurance (58 Woodlawn Ave.)	<u>Unknown</u>
<hr/>	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76. Trusts, equitable or future interests in property Jerry Kramer - Trust Contributions Receivable \$300,000	<u>Unknown</u>
<hr/>	
Stanley Henry - Life Insurance Policy Contributions Receivable \$2,000,000	<u>Unknown</u>
<hr/>	
Jerry Curtin and Rosemarie Curtin - Life Insurance Policy Contributions Receivable \$1,000,000	<u>Unknown</u>
<hr/>	
Eileen Hennessey - Life Insurance Policy Contributions Receivable \$370,104	<u>Unknown</u>
<hr/>	
David Ochoa and Myrka Gonzalez - Life Insurance Policy Contributions Receivable \$1,250,000	<u>Unknown</u>
<hr/>	
Louis Mancusco - Annuity Contributions Receivable \$682,082	<u>Unknown</u>
<hr/>	

Debtor **Dowling College**
Name

Case number (If known) **16-75545 (REG)**

Scott Rudolph Pledge
Contributions Receivable \$250,000

Unknown

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Dowling College**
NameCase number (If known) **16-75545 (REG)****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$2,615,139.67	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$62,307.83	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$106,128,262.30
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$2,677,447.50	\$106,128,262.30
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$108,805,709.80

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	A.O. Service Inc. <small>Creditor's Name</small> 8 New York Avenue Port Jefferson Station, NY 11776 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Mechanic's Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00

2.2	Absolute Plumbing of Long Island, Inc. <small>Creditor's Name</small> 90F Knickerbocker Avenue Bohemia, NY 11716 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 5/23/2016 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Oakdale Campus 150 Idle Hour Blvd. Oakdale, NY 11769 (based on April 6, 2016 Appraisals) Describe the lien Mechanic's Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$13,695.00	\$52,335,000.00
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Debtor **Dowling College** Case number (if know) **16-75545 (REG)**

Name

☐ No☒ Contingent☒ Yes. Specify each creditor, including this creditor and its relative priority.☐ Unliquidated☒ Disputed

1. Absolute Plumbing of Long Island, Inc.
2. Carrier Corporation
3. Carrier Corporation
4. Carrier Corporation
5. Carrier Corporation
6. Carrier Corporation

2.3 Carrier Corporation

Creditor's Name

c/o Administrative Agent
PO Box 241566
Cleveland, OH 44124

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/9/2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.2**

Describe debtor's property that is subject to a lien

\$2,541.48**\$52,335,000.00**

Oakdale Campus
150 Idle Hour Blvd.
Oakdale, NY 11769
(based on April 6, 2016 Appraisals)

Describe the lien

Mechanic's Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed**2.4 Carrier Corporation**

Creditor's Name

c/o Administrative Agent
PO Box 241566
Cleveland, OH 44124

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/8/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.2**

Describe debtor's property that is subject to a lien

\$4,000.00**\$52,335,000.00**

Oakdale Campus
150 Idle Hour Blvd.
Oakdale, NY 11769
(based on April 6, 2016 Appraisals)

Describe the lien

Mechanic's Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent☐ Unliquidated☒ Disputed**2.5 Carrier Corporation**

Describe debtor's property that is subject to a lien

\$20,940.00**\$52,335,000.00**

Debtor **Dowling College** Case number (if know) **16-75545 (REG)**
 Name

Creditor's Name

**c/o Administrative Agent
 PO Box 241566
 Cleveland, OH 44124**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/13/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.2

**Oakdale Campus
 150 Idle Hour Blvd.
 Oakdale, NY 11769
 (based on April 6, 2016 Appraisals)**

Describe the lien

Mechanic's Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.6 Carrier Corporation

Creditor's Name

**c/o Administrative Agent
 PO Box 241566
 Cleveland, OH 44124**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

1/12/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.2

Describe debtor's property that is subject to a lien

\$34,200.00

\$52,335,000.00

**Oakdale Campus
 150 Idle Hour Blvd.
 Oakdale, NY 11769
 (based on April 6, 2016 Appraisals)**

Describe the lien

Mechanic's Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.7 Carrier Corporation

Creditor's Name

**c/o Administrative Agent
 PO Box 241566
 Cleveland, OH 44124**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

\$6,317.50

\$52,335,000.00

**Oakdale Campus
 150 Idle Hour Blvd.
 Oakdale, NY 11769
 (based on April 6, 2016 Appraisals)**

Describe the lien

Mechanic's Lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Dowling College** Case number (if know) **16-75545 (REG)**

Name

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.2

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

2.8

New York State Department of Labor

Creditor's Name

**State Office Building
Campus Room 500
Albany, NY 12240**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/2/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$13,367.00**\$0.00**

Describe the lien

Judgment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.9

New York State Department of Labor

Creditor's Name

**State Office Building
Campus Room 500
Albany, NY 12240**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

5/18/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$42,858.80**\$0.00**

Describe the lien

Judgment

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
0**New York State
Unemployment Insurance**

Describe debtor's property that is subject to a lien

\$645,357.83**\$0.00**

Debtor Dowling College Name <hr/> Creditor's Name <hr/> PO Box 4301 Binghamton, NY 13902 <hr/> Creditor's mailing address <hr/> <hr/> Creditor's email address, if known <hr/> Date debt was incurred <hr/> Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	Case number (if know) 16-75545 (REG) <hr/> Describe the lien Warrant <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
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2.1 1	Powerhouse Paving <hr/> Creditor's Name <hr/> P.O Box 5845 Hauppauge, NY 11788 <hr/> Creditor's mailing address <hr/> <hr/> Creditor's email address, if known <hr/> Date debt was incurred <hr/> Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	Describe debtor's property that is subject to a lien <hr/> Describe the lien Judgment <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,100.02 <hr/>	\$0.00 <hr/>
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2.1 2	SimplexGrinnell LP <hr/> Creditor's Name <hr/> <hr/> 50 Technology Drive Westminster, MA 01441 <hr/> Creditor's mailing address <hr/> <hr/> Creditor's email address, if known <hr/> Date debt was incurred 6/18/2016 Last 4 digits of account number <hr/>	Describe debtor's property that is subject to a lien <hr/> Brookhaven Campus 1300 William Floyd Parkway Shirley, NY 11967 (based on April 6, 2016 Appraisals) <hr/> Describe the lien Mechanic's Lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/>	\$25,095.00 <hr/>	\$42,650,000.00 <hr/>
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Debtor **Dowling College** Case number (if know) **16-75545 (REG)**

Name

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

2.1 3	T.M. Bier & Associates, Inc.	Describe debtor's property that is subject to a lien	Unknown	\$0.00
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Creditor's Name

**79 Hazel Street
Glen Cove, NY 11542**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien**Mechanic's Lien****Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

2.1 4	U.S. Department of Education	Describe debtor's property that is subject to a lien	\$1,256,267.73	Unknown
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Creditor's Name

**Financial Square
32 Old Slip, 25th Floor
New York, NY 10005**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien**U.S. Dept of Education Bonds maturing in 2022, including accrued interest****Describe the lien****Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

2.1 5	Ultimate Power, Inc.	Describe debtor's property that is subject to a lien	\$258,213.74	\$0.00
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Creditor's Name

**45 Nancy Street
West Babylon, NY 11704**

Debtor Dowling College Name <hr/> Creditor's mailing address <hr/> Creditor's email address, if known <hr/> Date debt was incurred <hr/> Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	Case number (if know) 16-75545 (REG) <hr/> Describe the lien Judgment Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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2.1 6 UMB Bank, N.A. Creditor's Name Corporate Trust Services 120 Sixth Street, Suite 1400 Minneapolis, MN 55402 Creditor's mailing address <hr/> Creditor's email address, if known <hr/> Date debt was incurred <hr/> Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	Describe debtor's property that is subject to a lien <div style="display: flex; justify-content: space-between;"> Dowling CollegeTaxable Revenue Bonds Series 2015A, including accrued interest \$6,998,243.06 Unknown </div> <hr/> Describe the lien Senior Mortgage Lien Non-Campus Real Property Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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2.1 7 UMB Bank, N.A. Creditor's Name Corporate Trust Services 120 Sixth Street, Suite 1400 Minneapolis, MN 55402 Creditor's mailing address <hr/> Creditor's email address, if known <hr/> Date debt was incurred <hr/> Last 4 digits of account number <hr/> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <hr/>	Describe debtor's property that is subject to a lien <div style="display: flex; justify-content: space-between;"> Industrial Development Agency Series 1996 Refunding bonds, including accrued interest \$3,531,250.53 Unknown </div> <hr/> Describe the lien Junior Mortgage Lien Non-Campus Real Property Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply
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Debtor Dowling College <small>Name</small>	Case number (if know) 16-75545 (REG)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. </div> <div style="width: 45%;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> </div>		
<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; text-align: center;">2.1 8</div> <div style="margin-left: 10px;"> UMB Bank, N.A. <small>Creditor's Name</small> Corporate Trust Services 120 Sixth Street, Suite 1400 Minneapolis, MN 55402 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Describe debtor's property that is subject to a lien Industrial Development Agency Series 2002 Revenue Bonds, including accrued interest </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Describe the lien First Mortgage Brookhaven Dorms and Junior Mortgage on Non-Campus Real Property Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) </div> <div> As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">\$11,122,497.92</div> <div style="border-bottom: 1px solid black;">Unknown</div>
<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; text-align: center;">2.1 9</div> <div style="margin-left: 10px;"> Universal Temperature Controls Ltd. <small>Creditor's Name</small> 1749 Julia Goldbach Avenue Ronkonkoma, NY 11779 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Describe debtor's property that is subject to a lien Oakdale Campus </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Describe the lien Mechanic's Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) </div> <div> As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">\$7,830.03</div> <div style="border-bottom: 1px solid black;">Unknown</div>
<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; text-align: center;">2.2 0</div> <div style="margin-left: 10px;"> Wilmington Trust, National Association <small>Creditor's Name</small> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Describe debtor's property that is subject to a lien </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">\$37,253,883.01</div> <div style="border-bottom: 1px solid black;">Unknown</div>

Debtor **Dowling College**
Name

Case number (if know)

16-75545 (REG)

Creditor's Name

**Corporate Trust Services
25 South Charles Street,
11th Floor
Baltimore, MD 21201****Suffolk County Industrial Development
Agency Series 2006 bonds, various Maturities
through 2036 with interest rates ranging from
4.375% to 6.625% net of \$249,243 and
\$269,397, respectively, including accrued
interest**

Creditor's mailing address

Describe the lien

Mortgage Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$61,264,658.
65****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity**Certilman Balin Adler & Hyman, LLP
Thomas J. McNamara, Esq.
90 Merrick Avenue
East Meadow, NY 11554**Line 2.20**Garfunkle Wild, P.C.
Adam T. Berkowitz, Esq.
111 Greack Neck Road, Suite 600
Great Neck, NY 11021**Line 2.16**Garfunkle Wild, P.C.
Adam T. Berkowitz, Esq.
111 Greack Neck Road, Suite 600
Great Neck, NY 11021**Line 2.17**Garfunkle Wild, P.C.
Adam T. Berkowitz, Esq.
111 Greack Neck Road, Suite 600
Great Neck, NY 11021**Line 2.18**Milman Labuda Law Group PLLC
John M. Harras
3000 Marcus Avenue, Suite 3W8
Lake Success, NY 11042**Line 2.15

Debtor	Dowling College Name	Case number (if know)	16-75545 (REG)
	Mintz Levin Ferris, Glovsky & Popeo Miyoko Sato, Esq. One Financial Center Boston, MA 02111	Line	<u>2.16</u>
	Mintz Levin Ferris, Glovsky & Popeo Miyoko Sato, Esq. One Financial Center Boston, MA 02111	Line	<u>2.17</u>
	Mintz Levin Ferris, Glovsky & Popeo Miyoko Sato, Esq. One Financial Center Boston, MA 02111	Line	<u>2.18</u>
	OppenheimerFunds Robert Bertucci 350 Linden Oaks Rochester, NY 14603	Line	<u>2.16</u>
	Schulte Roth & Zabel LLP Brian Pfeiffer, Esq. 919 Third Avenue New York, NY 10022	Line	<u>2.20</u>
	Silverberg P.C. Karl Silverberg, Esq. 320 Carleton Avenue, Suite 6400 Central Islip, NY 11722	Line	<u>2.11</u>
	Suffolk County Industrial Devel. Agency H. Lee Dennison Building 3rd Floor 100 Veterans Highway Hauppauge, NY 11788	Line	<u>2.17</u>
	Town of Brookhaven I.D.A. One Independence Hill Farmingville, NY 11738	Line	<u>2.18</u>
	U.S. Department of Education 1990 K. Street, N.W. Washington, DC 20006	Line	<u>2.14</u>

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Anne McCaffrey 80 Tremont Avenue Medford, NY 11763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,903.50	\$4,903.50
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Antonetta Dente-Bostinto 42 Willett Avenue Sayville, NY 11782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,103.00	\$5,103.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.3	Priority creditor's name and mailing address Charles McCabe 58 Woodlawn Ave. Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,300.50	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Christine Felton 460 Lincoln Avenue Sayville, NY 11782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,182.80	\$5,182.80
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Claire O'Rourke 45 Locust Street Bayport, NY 11705	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,493.60	\$5,493.60
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Desiree Nelson/Matthew Pasquale 56 Van Bomel Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,700.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.7	Priority creditor's name and mailing address Doreen Muse 53 Oak Avenue Huntington Station, NY 11746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,886.70	\$4,886.70
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Dowling College Employee Benefit Plan 150 Idle Hour Boulevard Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Elizabeth (Ducie) O'Brien 457 Birch Hollow Drive E. Yaphank, NY 11967	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,819.50	\$4,819.50
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Francis Tidd 26 Magnolia Street Central Islip, NY 11722	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$833.63	\$833.63
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.11	Priority creditor's name and mailing address Gail Scherz 35 Terrell Street Patchogue, NY 11772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,491.90	\$4,491.90
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Gary Bishop 106 Sunrise Avenue Sayville, NY 11782	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$771.60	\$771.60
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Geoffrey and Anna Maria Stewart 87 Central Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,400.00	\$2,850.00
	Date or dates debt was incurred	Basis for the claim: Rental Security Deposit		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address HealthPlex 333 Earle Ovington Blvd. 3rd Floor Uniondale, NY 11553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred through 6/1/2016	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.15	Priority creditor's name and mailing address Helen Bausenwein 235 Cedrus Avenue East Northport, NY 11731	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,050.50	\$5,050.50
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Helen Densing 214 Oak Street Patchogue, NY 11772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,586.40	\$4,586.40
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Joan Van Brunt 24 Birchdale Drive Holbrook, NY 11741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,613.30	\$5,613.30
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address John Ingoglia & Tabitha Ueblacker 88 Central Blvd. Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,800.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.19	Priority creditor's name and mailing address John Urick 951 Old Town Road Coram, NY 11727	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$778.13	\$778.13
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Jonathan Nguyen 32 Madison Avenue Medford, NY 11763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$866.25	\$866.25
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Jose Melendez 247 Laclede Avenue Uniondale, NY 11553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$816.38	\$816.38
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Juan Ramierz 1013 N Delaware Avenue Lindenhurst, NY 11757	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$915.00	\$915.00
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.23	Priority creditor's name and mailing address Justino Reyes 42 Floradora Drive Mastic, NY 11950	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$957.60	\$957.60
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Lauren Bufalo 44 Van Bommel Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,900.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Lori Zaikowski, as Proposed Class Rep. c/o Outten & Golden LLP 685 Third Avenue, 25th Floor Jack A. Raisner, Rene S. Roupinian New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Madeline Smith 217 Pleasant Drive West Bay Shore, NY 11706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,493.60	\$5,493.60
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	16-75545 (REG)	
2.27	Priority creditor's name and mailing address Marilyn Rock 123 Vanderbilt Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,802.70	\$4,802.70
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address Mary Bridgwood 24 Emilie Drive Center Moriches, NY 11934	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,943.40	\$4,943.40
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address Mary Donoghue 51 Cannon Drive Holbrook, NY 11741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,237.40	\$5,237.40
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address Melody L. Cope 21 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,214.75	\$2,850.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Basis for the claim: Rental Security Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.31	Priority creditor's name and mailing address Michael Beck 44 Ocean Avenue Blue Point, NY 11715	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,222.13	\$1,222.13
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.32	Priority creditor's name and mailing address Michael Cappell & Mandolynne Hopkins 47 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,300.00	\$2,850.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Basis for the claim: Rental Security Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.33	Priority creditor's name and mailing address Michael Klotz 60 River Road P.O. Box 550 Great River, NY 11739	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,155.50	\$5,155.50
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.34	Priority creditor's name and mailing address Nancy Carroll 3223 Wilshire Lane Apt. E23 Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,725.00	\$4,725.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: compensation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Dowling College		Case number (if known)	16-75545 (REG)
	Name			
2.35	Priority creditor's name and mailing address Nancy Jones 14 Mount Marcy Avenue Farmingville, NY 11738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,075.70	\$5,075.70
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.36	Priority creditor's name and mailing address Open Access Plus Medical Benefits c/o Cigna Health & Life Insurance Co. 900 Cottage Grove Road, B6LPA Hartford, CT 06152	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred through 6/3/2016	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address Patti Zerafa 11 Milan Street East Patchogue, NY 11772	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,050.50	\$5,050.50
	Date or dates debt was incurred	Basis for the claim: compensation		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address Paula Marie & Robert Johnson 138 Central Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,600.00	\$2,850.00
	Date or dates debt was incurred	Basis for the claim: Rental Security Deposit		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.39	Priority creditor's name and mailing address Rebecca DeLorfano 41 Glenwood Place Farmingville, NY 11738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,346.60	\$5,346.60
Date or dates debt was incurred		Basis for the claim: compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Richard & Cherisse Forberg 102 Connetquot Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,166.54	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Rosemarie Fairchild 27 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,456.09	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Stephen Hanna & Mark Hanna 52 Van Bomel Blvd Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,500.00	\$2,850.00
Date or dates debt was incurred		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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2.43	Priority creditor's name and mailing address Theresa & Caitlin Cody 39 Chateau Drive Oakdale, NY 11769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,900.00	\$2,850.00
Date or dates debt was incurred _____		Basis for the claim: Rental Security Deposit		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address William Stanley 19 Meadow Street Garden City, NY 11530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,071.75	\$1,071.75
Date or dates debt was incurred _____		Basis for the claim: compensation		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address 4 Imprint PO Box 1641 Milwaukee, WI 53201-1641 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$753.14	
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3.2	Nonpriority creditor's name and mailing address A E Auto Service Inc. 664 Montauk Highway Shirley, NY 11967 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.99	
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3.3	Nonpriority creditor's name and mailing address A R C Graphics 44 George Street E. Patchogue, NY 11472 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.75	
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.4	Nonpriority creditor's name and mailing address A.C. Electrical Supplies 741 Smithtown By-Pass Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.91
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3.5	Nonpriority creditor's name and mailing address A.W. & Sons Exhaust Inc. 336 Atlantic Street Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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3.6	Nonpriority creditor's name and mailing address AACTE 1307 New York Ave NW Suite 300 Washington, DC 20005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,100.00
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3.7	Nonpriority creditor's name and mailing address Abigail Rose Eckhardt 8575 W. 93rd Court Broomfield, CO 80021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.8	Nonpriority creditor's name and mailing address ABS Pump Repair Inc. 89 Allen Blvd Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,707.67
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3.9	Nonpriority creditor's name and mailing address Absolute Plumbing of Long Island, Inc. 90F Knickerbocker Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,695.00
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3.10	Nonpriority creditor's name and mailing address Access Staffing, LLC PO Box 75334 Chicago, IL 60675-5334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,034.61
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.11	Nonpriority creditor's name and mailing address Acme American Repairs Inc. 177-10 93rd Avenue Jamaica, NY 11433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$683.80
3.12	Nonpriority creditor's name and mailing address Action Sewer & Drain Services PO Box 872 Bayport, NY 11705-0872 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.00
3.13	Nonpriority creditor's name and mailing address ADP, LLC PO Box 842875 Boston, MA 02284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.97
3.14	Nonpriority creditor's name and mailing address ALA Membership Customer Service Box 77-6499 Chicago, IL 60678-6499 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$715.00
3.15	Nonpriority creditor's name and mailing address Alan J. Schaefer 40 Moffitt Blvd. Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.16	Nonpriority creditor's name and mailing address Albert Inserra 45 Inlet View Path East Moriches, NY 11940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,259.19
3.17	Nonpriority creditor's name and mailing address Alexander Smirnov 46 Johnson Avenue Apt. #4D Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,410.20

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3.18	Nonpriority creditor's name and mailing address Alexandra Noel Ruiz 15 Country Road Medford, NY 11763-1501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.19	Nonpriority creditor's name and mailing address Alfred Pue 1383 Chicago Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.76
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3.20	Nonpriority creditor's name and mailing address All-Ways Elevator Inc. 5 Davids Drive Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
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3.21	Nonpriority creditor's name and mailing address Amanda Gallagher 10 Hancock Road West Islip, NY 11795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$798.20
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3.22	Nonpriority creditor's name and mailing address American Bankers Insurance PO Box 731178 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
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3.23	Nonpriority creditor's name and mailing address American Express PO Box 2855 New York, NY 10116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171,500.66
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3.24	Nonpriority creditor's name and mailing address American Hazardous Materials 303 Middle Country Road Middle Island, NY 11953 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$778.68
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3.25	Nonpriority creditor's name and mailing address American Telephone Company PO Box 1465 Melville, NY 11747 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,484.34
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3.26	Nonpriority creditor's name and mailing address Andrew Karp 24 White Birch Trail East Quogue, NY 11942 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,652.35
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3.27	Nonpriority creditor's name and mailing address Anna Stoloff 325 W 4th Street Deer Park, NY 11729 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,510.42
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3.28	Nonpriority creditor's name and mailing address Anne Burns Thomas 147 Lexington Drive Ithaca, NY 14850 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.29	Nonpriority creditor's name and mailing address Anne Dimola 14 Christopher Court West Islip, NY 11795 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,174.80
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3.30	Nonpriority creditor's name and mailing address Anne M. Rullan 10 Buckingham Meadow Road East Setauket, NY 11733 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.31	Nonpriority creditor's name and mailing address Anne McCaffrey 80 Tremont Avenue Medford, NY 11763 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,198.48
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Debtor Dowling College Name		Case number (if known) 16-75545 (REG)	
3.32	Nonpriority creditor's name and mailing address Anthony Candelario PO Box 11421 New Brunswick, NJ 08906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.33	Nonpriority creditor's name and mailing address Antonetta Dente-Bostinto 42 Willett Avenue Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,147.11
3.34	Nonpriority creditor's name and mailing address AO Services Inc. 8 New York Avenue Port Jefferson, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,955.33
3.35	Nonpriority creditor's name and mailing address Apex Consulting Group Inc. 320 17th Street W Babylon, NY 11704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.74
3.36	Nonpriority creditor's name and mailing address Apgar Sales Co. Inc. 54 Miry Brook Road Danbury, CT 06810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385.00
3.37	Nonpriority creditor's name and mailing address Apple Financial Services 23801 Calabasas Road, Suite 101 Calabasas, CA 91302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,382.72
3.38	Nonpriority creditor's name and mailing address Arbitrage Group 3401 Louisiana Street, Suite 101 Houston, TX 77002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00

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3.39	Nonpriority creditor's name and mailing address Arnold Saunders 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.40	Nonpriority creditor's name and mailing address Arrow Security c/o Sterling National Bank PO Box 75359 Chicago, IL 60675-5359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,949.90
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3.41	Nonpriority creditor's name and mailing address Associated Energy Services 86 Bridge Road Islandia, NY 11749 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,964.83
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3.42	Nonpriority creditor's name and mailing address Astro Moving & Storage Mr. Joseph Verderber Sr. 30 Jefferson Avenue Saint James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,004.00
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3.43	Nonpriority creditor's name and mailing address AT&T PO Box 105068 Atlanta, GA 30348-5068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.58
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3.44	Nonpriority creditor's name and mailing address AT&T - Universal Biller PO Box 5019 Carol Stream, IL 60197-5019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.40
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3.45	Nonpriority creditor's name and mailing address Baker & Taylor Books - 5 PO Box 277930 Atlanta, GA 30384-7930 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.12
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3.46	Nonpriority creditor's name and mailing address Bank of New York Mellon 101 Barclay Street, 21 W. New York, NY 10286 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200.00
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3.47	Nonpriority creditor's name and mailing address Barbara Nolan 55 Jones Drive Sayville, NY 11782 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,111.50
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3.48	Nonpriority creditor's name and mailing address Barnes & Noble Bookstore Accounts Receivable Dept PO Box 823660 Philadelphia, PA 19182-3660 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,788.66
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3.49	Nonpriority creditor's name and mailing address Barnwell House of Tires 65 Jetson Lane Central Islip, NY 11722 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.00
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3.50	Nonpriority creditor's name and mailing address Barry McNamara 28 Bowler Road East Rockaway, NY 11518 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,782.00
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3.51	Nonpriority creditor's name and mailing address Bernard Newcombe 52 Lindburgh Street Massapequa, NY 11762 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.52	Nonpriority creditor's name and mailing address Bill Fox Co. 310-8 Hallock Avenue Port Jefferson Sta, NY 11776 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$423.00
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3.53	Nonpriority creditor's name and mailing address Bio Corporation 3910 Minnesota Street Alexandria, MN 56308 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$229.60
3.54	Nonpriority creditor's name and mailing address Bio-Rad Labs Life Science Group PO Box 849750 Los Angeles, CA 90084-9750 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.00
3.55	Nonpriority creditor's name and mailing address Blackboard Inc. 650 Massachussetts Avenue NW 6th Floor Washington, DC 20001 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,671.42
3.56	Nonpriority creditor's name and mailing address Blackman Plumbing Supply PO Box 9400 Uniondale, NY 11555-9400 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,288.15
3.57	Nonpriority creditor's name and mailing address Bonnie Forbes 9 Birchfield Court Coram, NY 11727 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,276.80
3.58	Nonpriority creditor's name and mailing address Bri-Tech, Inc 829 Lincoln Avenue Bohemia, NY 11716 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,840.50
3.59	Nonpriority creditor's name and mailing address Brian Coyle 31 Willow Avenue Islip, NY 11751 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376.83

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3.60	Nonpriority creditor's name and mailing address Brian Kogen 555 Forbush Street Boontan, NJ 07005 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.68
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3.61	Nonpriority creditor's name and mailing address Brian Stipelman 2 Roosevelt Avenue Greenlawn, NY 11740 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,587.55
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3.62	Nonpriority creditor's name and mailing address Bridget Carroll 3 Doral Lane Bay Shore, NY 11706 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.54
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3.63	Nonpriority creditor's name and mailing address Brittany Jean Schulman 2911 Kane Avenue Medford, NY 11763 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.84
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3.64	Nonpriority creditor's name and mailing address Broadcast Music Inc. PO Box 630893 Cincinnati, OH 45263 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$521.18
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3.65	Nonpriority creditor's name and mailing address Bruce Haller 61 Half Hollow Road Commack, NY 11725 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,731.65
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3.66	Nonpriority creditor's name and mailing address Bruce Hoffman PO Box 557 Mount Sinai, NY 11776 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.00
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.67	Nonpriority creditor's name and mailing address Cablevision PO Box 371378 Pittsburgh, PA 15250-7378 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,421.66
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3.68	Nonpriority creditor's name and mailing address Cablevision Lightpath, Inc. PO Box 360111 Pittsburgh, PA 15251 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,835.61
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3.69	Nonpriority creditor's name and mailing address Capital One NA PO Box 60024 New Orleans, LA 70160-0024 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,488.84
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3.70	Nonpriority creditor's name and mailing address Carla Guevara 2712 Chestnut Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,737.63
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3.71	Nonpriority creditor's name and mailing address Carlos Alvarez 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.72	Nonpriority creditor's name and mailing address Carlos Cunha 54 Park Drive Rocky Point, NY 11778 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,509.55
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3.73	Nonpriority creditor's name and mailing address Carol Fisch 20 Sunflower Drive Hauppauge, NY 11788 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,122.30
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Debtor Name	Case number (if known)	
Dowling College	16-75545 (REG)	
3.74 Nonpriority creditor's name and mailing address Carol Okolica 455 FDR Drive Apt. B1607 New York, NY 10002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,158.65
3.75 Nonpriority creditor's name and mailing address Carol Pulsonetti 158 Elkton Lane North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,964.70
3.76 Nonpriority creditor's name and mailing address Carolina Biological Supply PO Box 60232 Charlotte, NC 28260-0232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.19
3.77 Nonpriority creditor's name and mailing address Carolyn Spencer 18 Gianna Court Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,439.95
3.78 Nonpriority creditor's name and mailing address Carousel Industries of NA, Inc. PO Box 842084 Boston, MA 02284-2084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,760.00
3.79 Nonpriority creditor's name and mailing address Carrier Commercial Service P.O. Box 93844 Chicago, IL 60673-3844 Date(s) debt was incurred ____ Last 4 digits of account number <u>1217</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,296.50
3.80 Nonpriority creditor's name and mailing address Casa Del Campo 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.81	Nonpriority creditor's name and mailing address Cascade Water Service 113 Bloomingdale Road Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.82	Nonpriority creditor's name and mailing address CBUAO 5325 Lakefront Blvd #A Delray Beach, FL 33484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,648.00
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3.83	Nonpriority creditor's name and mailing address Center for Education & E 370 Technology Drive PO Box 3008 Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.95
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3.84	Nonpriority creditor's name and mailing address Cesar Arturo Alvarado 94 Harbor Road Staten Island, NY 10303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.85	Nonpriority creditor's name and mailing address Charles McCabe 58 Woodlawn Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,865.55
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3.86	Nonpriority creditor's name and mailing address Charles Thomas Collins 79 Summerfield Drive Holtsville, NY 11742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$305.14
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3.87	Nonpriority creditor's name and mailing address Chris Sotiro 6 Mulligan Drive Flanders, NJ 07836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.88	Nonpriority creditor's name and mailing address Chrisann Anderson 156 Twin Lawns Avenue Brentwood, NY 11717 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,207.50
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3.89	Nonpriority creditor's name and mailing address Christian Lynch 82 Lincoln Avenue Apt. B3 Rockville Centre, NY 11570 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.90	Nonpriority creditor's name and mailing address Christian Perring 56 Rollstone Avenue West Sayville, NY 11796 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,249.45
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3.91	Nonpriority creditor's name and mailing address Christina Green 21 Bauer Avenue Manorville, NY 11949 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.67
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3.92	Nonpriority creditor's name and mailing address Christine Felton 460 Lincoln Avenue Sayville, NY 11782 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,604.59
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3.93	Nonpriority creditor's name and mailing address Christopher Boyko 86 Litchfield Avenue Babylon, NY 11702 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,151.75
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3.94	Nonpriority creditor's name and mailing address Christopher Di Santo 73-03 Bell Blvd. Apt. #6M Bayside, NY 11364 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.95	Nonpriority creditor's name and mailing address Christopher Kretz 114 Lincoln Avenue Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,732.75
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3.96	Nonpriority creditor's name and mailing address Christopher Schmidt 1 Forest Road Rockville Center, NY 11570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.79
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3.97	Nonpriority creditor's name and mailing address Chronicle of Higher Education PO Box 16359 North Hollywood, CA 91615-9155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00
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3.98	Nonpriority creditor's name and mailing address Chucks Auto Repair 157 Nassau Avenue Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.28
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3.99	Nonpriority creditor's name and mailing address Cigna Health & Life Insurance Co. 900 Cottage Grove Road, B6LPA Hartford, CT 06152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>administrative fees, stop loss premiums, and medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277,854.54
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3.100	Nonpriority creditor's name and mailing address Ciscon Laundry Corp Ultimate Laundry 4520 Sunrise Hwy Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.80
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3.101	Nonpriority creditor's name and mailing address CIT Finance LLC 21146 Network Place Chicago, IL 60673-1211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,132.12
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.102	Nonpriority creditor's name and mailing address Claire O'Rourke 45 Locust Street Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,364.15
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3.103	Nonpriority creditor's name and mailing address Classic Coach Transportation 1600 Locust Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,120.00
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3.104	Nonpriority creditor's name and mailing address Claudia McGivney 32 Beacon Lane East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,378.50
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3.105	Nonpriority creditor's name and mailing address Clelon A. McGee 8517 Riddle Place Raleigh, NC 27615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.106	Nonpriority creditor's name and mailing address CohnReznick LLP 4 Becker Farm Road Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,697.30
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3.107	Nonpriority creditor's name and mailing address College Board 11911 Freedom Drive Suite 300 Reston, VA 20190 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
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3.108	Nonpriority creditor's name and mailing address Commission on Independent 17 Elk Street PO Box 7289 Albany, NY 12224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,627.00
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.109	Nonpriority creditor's name and mailing address Compass Consulting Group 18 Field Daisy Lane East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,800.00
3.110	Nonpriority creditor's name and mailing address Corp. For National & Community Service 1895 Preston White Drive Suite 100 Reston, VA 20191-5434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.111	Nonpriority creditor's name and mailing address Council for Higher Education One Dupont Circle NW Suite 510 Washington, DC 20036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,650.00
3.112	Nonpriority creditor's name and mailing address Coz Delillo 14 Plover Lane Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.95
3.113	Nonpriority creditor's name and mailing address Craig Eason 3 Paula Lane New City, NY 10956 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284.85
3.114	Nonpriority creditor's name and mailing address CulinArt, Inc. PO Box 4738 Houston, TX 77210-4738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.90
3.115	Nonpriority creditor's name and mailing address CUPA-HR PO Box 306257 Nashville, TN 37230-6257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,490.00

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3.116	Nonpriority creditor's name and mailing address Cynthia Grossman 68 Birchwood Road Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,760.00
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3.117	Nonpriority creditor's name and mailing address Daily News Attn: Jim Lonek - Finance Dept 125 Theodore Conrad Drive Jersey City, NJ 07305-4698 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.118	Nonpriority creditor's name and mailing address Dallas Cardone 2312 Sound Avenue Baiting Hollow, NY 11933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,610.00
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3.119	Nonpriority creditor's name and mailing address Daniel Ness PO Box 301 Williston Park, NY 11596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,283.02
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3.120	Nonpriority creditor's name and mailing address David E. Pritchard 88 Washington Avenue Cambridge, MA 02140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.121	Nonpriority creditor's name and mailing address David J. Jensen 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.00
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3.122	Nonpriority creditor's name and mailing address David Racanelli 73 Pacific Dunes Ct. Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,359.80
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.123	Nonpriority creditor's name and mailing address Dawn Manganello 19 David Street Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.90
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3.124	Nonpriority creditor's name and mailing address Dayspring Pen Shop 111 Derrick Drive Irmo, SC 29063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,055.49
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3.125	Nonpriority creditor's name and mailing address Deborah Wynne (Deceased) 115 Michael Road Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,461.20
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3.126	Nonpriority creditor's name and mailing address Debra Dunn 12 Waltess Road Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,362.05
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3.127	Nonpriority creditor's name and mailing address Debra Gustafson 32 Terrace Lane Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.36
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3.128	Nonpriority creditor's name and mailing address Debra L. Piechnik 202 Palmer Circle Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,865.40
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3.129	Nonpriority creditor's name and mailing address Denise Igenito 145 S. 6th Street Bethpage, NY 11714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,555.00
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.130	Nonpriority creditor's name and mailing address Denise Zamiello-Schiozzi 117 Gillette Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,664.81
3.131	Nonpriority creditor's name and mailing address Department of Veteran Affairs Agent Cashier-Buffalo Regional Processin 130 S Elmwood Avenue Buffalo, NY 14202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,733.22
3.132	Nonpriority creditor's name and mailing address Derek Charles Muzio 19 Peace Court Selden, NY 11784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.133	Nonpriority creditor's name and mailing address Diane Fischer 3 Hollow Road Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,016.65
3.134	Nonpriority creditor's name and mailing address Diane Holliday 31 Clarkson Road Centereach, NY 11720 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,816.10
3.135	Nonpriority creditor's name and mailing address Diane Impagliazzo 23 Meadow Farm Road East Islip, NY 11730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,464.29
3.136	Nonpriority creditor's name and mailing address Donald Beahm 20 Trenridge Road Lincoln, NE 68505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,228.32

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3.137	Nonpriority creditor's name and mailing address Donald Steven Dougherty 74 West Lane Bayshore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.138	Nonpriority creditor's name and mailing address Doreen Muse 53 Oak Avenue Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,716.59
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3.139	Nonpriority creditor's name and mailing address Dori Byan 209K Springmeadow Drive Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,825.08
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3.140	Nonpriority creditor's name and mailing address Dugmore and Duncan Inc 30 Pond Park Road Hingham, MA 02043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.64
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3.141	Nonpriority creditor's name and mailing address Durham, Richard 3 Overlook Drive Waterford, CT 06385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.142	Nonpriority creditor's name and mailing address East Coast Conference Attn: Bob Dranoff, Commissioner 300 Carlton Ave NYIT Bldg 66 Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,031.40
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3.143	Nonpriority creditor's name and mailing address East Islip Lumber 33 Wall Street East Islip, NY 11730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,110.19
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3.144	Nonpriority creditor's name and mailing address EBSCO Subscription Services Payment Processing Center PO Box 204661 Dallas, TX 75320-4661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.61
3.145	Nonpriority creditor's name and mailing address EDVOTEK, Inc. 1121 5th St NW Washington, DC 20001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,243.00
3.146	Nonpriority creditor's name and mailing address Edward Gullason 7 Wayside Lane Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,176.04
3.147	Nonpriority creditor's name and mailing address Edward H. Wallace 55 Springdale Avenue Massapequa, NY 11758-6748 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329.87
3.148	Nonpriority creditor's name and mailing address Edward Urso 52 Greenwich Hills Drive Greenwich, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.50
3.149	Nonpriority creditor's name and mailing address Elana Zolfo 93 Hidden Pond Circle Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,086.70
3.150	Nonpriority creditor's name and mailing address Elbar Duplicator Corporation 105-26 Jamaica Avenue Richmond Hill, NY 11418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00

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3.151	Nonpriority creditor's name and mailing address Elizabeth (Ducie) O'Brien 457 Birch Hollow Drive E. Yaphank, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,198.55
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3.152	Nonpriority creditor's name and mailing address Elsa-Sofia Morote 64 Lexington Road Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,811.35
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3.153	Nonpriority creditor's name and mailing address Elsevier Science, B.V. PO Box 945 New York, NY 10015-9094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,367.38
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3.154	Nonpriority creditor's name and mailing address Emily Anne Jarvis 44 Sabre Drive Selden, NY 11784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.59
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3.155	Nonpriority creditor's name and mailing address Engin Suvak 1172 Warwick Street Uniondale, NY 11553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$580.56
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3.156	Nonpriority creditor's name and mailing address Environmental Energy 120 C E Jefryn Blvd Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.157	Nonpriority creditor's name and mailing address Eric Pavels 1150 Rosedale Road Valley Stream, NY 11581 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.158	Nonpriority creditor's name and mailing address Erin Gregory 23 Ocean Avenue Mastic, NY 11950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.159	Nonpriority creditor's name and mailing address ESU Student Activity Association 200 Prospect St. University Center East Stroudsburg, PA 18301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
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3.160	Nonpriority creditor's name and mailing address Eugene R. Bayliss Jr. 16D Seabreeze Avenue Milford, CT 06460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289.20
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3.161	Nonpriority creditor's name and mailing address Everbank Commercial Finance P.O.Box 911608 Denver, CO 80291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,337.43
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3.162	Nonpriority creditor's name and mailing address Evoqua Water Technologies 28563 Network Place Chicago, IL 60673-1285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,655.60
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3.163	Nonpriority creditor's name and mailing address Expense Reduction Analyst PO Box 956251 St Louis, MO 63195-6251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,090.57
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3.164	Nonpriority creditor's name and mailing address First Reliance Standard PO Box 3123 Southeastern, PA 19398 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$718.36
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3.165	Nonpriority creditor's name and mailing address First Student Inc. 1065 Belvoir Road Plymouth Meeting, PA 19462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,453.50
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3.166	Nonpriority creditor's name and mailing address Fitzgerald's Driving School 1350 Deer Park Avenue North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,240.00
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3.167	Nonpriority creditor's name and mailing address Ford Motor Credit PO Box 220564 Pittsburgh, PA 15257 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,503.73
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3.168	Nonpriority creditor's name and mailing address Fox Glass Company East 45 Bloomingdale Road Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,620.50
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3.169	Nonpriority creditor's name and mailing address Francis Samuel 39 N Carll Avenue Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,713.90
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3.170	Nonpriority creditor's name and mailing address Francis Tidd 26 Magnolia Street Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,138.69
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3.171	Nonpriority creditor's name and mailing address Francis Winslow P.O. Box 14235 Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,503.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.172	Nonpriority creditor's name and mailing address Franklin Leavandosky 115 Ketcham Avenue Patchogue, NY 11772 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.97
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3.173	Nonpriority creditor's name and mailing address Fred Rispoli 132 Connetquot Road Oakdale, NY 11769 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,972.00
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3.174	Nonpriority creditor's name and mailing address Freedom Scientific BLV Group - Charlie Madsen 11800 31st Ct N Saint Petersburg, FL 33716 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$766.50
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3.175	Nonpriority creditor's name and mailing address G & G Fences of LI PO Box 389 Bohemia, NY 11716 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.176	Nonpriority creditor's name and mailing address Gail Scherz 35 Terrell Street Patchogue, NY 11772 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,264.74
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3.177	Nonpriority creditor's name and mailing address Gary Bishop 106 Sunrise Avenue Sayville, NY 11782 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,088.12
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3.178	Nonpriority creditor's name and mailing address Gary Moran 473 Edgewood Place Rutherford, NJ 07070 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.179	Nonpriority creditor's name and mailing address Gavin Chamberlain 8 Grand Haven Drive Commack, NY 11725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.45
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3.180	Nonpriority creditor's name and mailing address GBC Acco Brands PO Box 203412 Dallas, TX 75320-3412 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.52
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3.181	Nonpriority creditor's name and mailing address George Cavuto 34 Hemlock Lane Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,194.95
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3.182	Nonpriority creditor's name and mailing address George Foundotos 4 Damin Circle Saint James, NY 11780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,355.08
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3.183	Nonpriority creditor's name and mailing address George P. Evanego 63 Mayberry Avenue Monroe, NJ 08831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.184	Nonpriority creditor's name and mailing address George Samito 23 Westbridge Drive Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.72
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3.185	Nonpriority creditor's name and mailing address Gerald M. O'Shea Inc. 4155 Veterans Highway, Suite 9 Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.186	Nonpriority creditor's name and mailing address Geraldine Vincent 25 Dale Drive Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,963.72
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3.187	Nonpriority creditor's name and mailing address Glen Brauchle 91 Deer Park Avenue Apt 2 Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,545.70
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3.188	Nonpriority creditor's name and mailing address Glenn W. Barham 9001 Blackley Lake Road Wake Forest, NC 27587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
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3.189	Nonpriority creditor's name and mailing address Gopher NW5634 PO Box 1450 Minneapolis, MN 55485-5634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$263.13
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3.190	Nonpriority creditor's name and mailing address GreatAmerica Financial Services PO Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,459.44
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3.191	Nonpriority creditor's name and mailing address Gregory Quirolo 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.192	Nonpriority creditor's name and mailing address Guanann Li 135 Westwood Drive Apt. 151 Westbury, NY 11590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,308.15
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.193	Nonpriority creditor's name and mailing address Hal Mishkin 56 Broadview Circle Wading River, NY 11793 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.54
3.194	Nonpriority creditor's name and mailing address Handras, Kerri 20 Charter Avenue Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.83
3.195	Nonpriority creditor's name and mailing address Harland Technology Services PO Box 45550 Omaha, NE 68145-0550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,394.00
3.196	Nonpriority creditor's name and mailing address HealthPlex 333 Earle Ovington Blvd. 3rd Floor Uniondale, NY 11553 Date(s) debt was incurred <u>through 6/1/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.197	Nonpriority creditor's name and mailing address Hector M. Martinez Jr. 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.198	Nonpriority creditor's name and mailing address Heidi Kelly - Strawgate 166 South Street Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.76
3.199	Nonpriority creditor's name and mailing address Helen Bausenwein 235 Cedrus Avenue East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,255.40

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3.200	Nonpriority creditor's name and mailing address Helen Bohlen 21 Loft Road Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.77
3.201	Nonpriority creditor's name and mailing address Helen Densing 214 Oak Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,421.63
3.202	Nonpriority creditor's name and mailing address Herbert Bernstein 5 Brewster Lane Bellport, NY 11713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,685.40
3.203	Nonpriority creditor's name and mailing address Herff Jones PO Box 882 Commack, NY 11725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.204	Nonpriority creditor's name and mailing address Higher One 115 Munson Street New Haven, CT 06511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,162.35
3.205	Nonpriority creditor's name and mailing address Hobsons, Inc. PO Box 505208 St Louis, MO 63150-5208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,304.86
3.206	Nonpriority creditor's name and mailing address Home Depot Credit Service PO Box 9055 Des Moines, IA 50368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$629.94

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3.207	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,695.77
	Hoselton Chevrolet	<input type="checkbox"/> Contingent		
	909 Fairport Road	<input type="checkbox"/> Unliquidated		
	East Rochester, NY 14445	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.208	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$727.20
	Hy-Cert Services, Inc.	<input type="checkbox"/> Contingent		
	PO Box 534	<input type="checkbox"/> Unliquidated		
	Miller Place, NY 11764-7006	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.209	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,950.76
	IACBE	<input type="checkbox"/> Contingent		
	11374 Strang Line Road	<input type="checkbox"/> Unliquidated		
	Lenexa, KS 66215	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.210	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	IAM National Pension Fund	<input checked="" type="checkbox"/> Contingent		
	1300 Connecticut Ave., NW	<input checked="" type="checkbox"/> Unliquidated		
	Suite 300	<input checked="" type="checkbox"/> Disputed		
	Washington, DC 20036	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.211	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$106,785.34
	Ingerman Smith, L.L.P.	<input type="checkbox"/> Contingent		
	150 Motor Pkwy	<input type="checkbox"/> Unliquidated		
	Suite 400	<input type="checkbox"/> Disputed		
	Hauppauge, NY 11788	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.212	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$47,808.00
	Innovative Interfaces Inc	<input type="checkbox"/> Contingent		
	PO Box 74008010	<input type="checkbox"/> Unliquidated		
	540 W Madison, 4th Floor	<input type="checkbox"/> Disputed		
	Chicago, IL 60674-8010	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			
3.213	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$980.00
	Intelli-Tec Security Services	<input type="checkbox"/> Contingent		
	150 Eileen Way	<input type="checkbox"/> Unliquidated		
	Unit #2	<input type="checkbox"/> Disputed		
	Syosset, NY 11791	Basis for the claim: _		
	Date(s) debt was incurred _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _			

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.214	Nonpriority creditor's name and mailing address International Union of Operation Enginee 16-16 Whitestone Expressway 5th Floor Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number <u>d001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.215	Nonpriority creditor's name and mailing address Investintech.com Inc. 425 University Avenue Suite 301 Toronto, ON M5G1T6 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.216	Nonpriority creditor's name and mailing address IRG Towing 92 Carlton Avenue Islip Terrace, NY 11752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.217	Nonpriority creditor's name and mailing address Iron Mountain PO Box 27129 New York, NY 10087-7129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,396.59
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3.218	Nonpriority creditor's name and mailing address Isaac Rosler 58 Sound Breeze Trail Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,658.64
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3.219	Nonpriority creditor's name and mailing address Island Sports Video, Inc 241 Christian Avenue Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.220	Nonpriority creditor's name and mailing address It's Moore Entertainment P.O Box 3273 Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,598.00
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.221	Nonpriority creditor's name and mailing address IUOE Local 30 New York Headquarters 16-16 Whitestone Expressway Attn: William Lynn Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.222	Nonpriority creditor's name and mailing address Jack Schiavone 766 Brady Avenue Apt. #437 Bronx, NY 10462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.58
3.223	Nonpriority creditor's name and mailing address Jackie Hannan 5 Alfan Avenue Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,096.00
3.224	Nonpriority creditor's name and mailing address Jackson Lewis, LLP PO Box 416019 Boston, MA 02241-6019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$372.25
3.225	Nonpriority creditor's name and mailing address Jaclyn Carlo 49 Grandview Lane Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,539.51
3.226	Nonpriority creditor's name and mailing address Jacqueline Leonard 2836 Leslie Court Laramie, WY 82072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.227	Nonpriority creditor's name and mailing address Jacqueline Rogers 47 Simon Street Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,225.25

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3.228	Nonpriority creditor's name and mailing address James Murphy 7 Center Drive Syosset, NY 11791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,589.35
3.229	Nonpriority creditor's name and mailing address Jamie Gunter 542 Terrace Road Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$940.31
3.230	Nonpriority creditor's name and mailing address Janine Barrese 124 Raynor Street West Babylon, NY 11704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,055.37
3.231	Nonpriority creditor's name and mailing address Jarvis Watson 10 Fairview Drive Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.232	Nonpriority creditor's name and mailing address Jason A. Long 55 Clymer Street Port Jefferson Station, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.233	Nonpriority creditor's name and mailing address Jason Truffant 15 Idle Hour Blvd. Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,349.00
3.234	Nonpriority creditor's name and mailing address Jeffrey John DiMarco 426 Wading River Road Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00

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3.235	Nonpriority creditor's name and mailing address Jeffrey Stover 930 Maple Street Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,613.08
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3.236	Nonpriority creditor's name and mailing address Jennifer Formica 56 Stagg Street Apt. 19 Brooklyn, NY 11206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$839.90
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3.237	Nonpriority creditor's name and mailing address Jeppesen-Sanderson PO Box 840864 Dallas, TX 75284-0864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$767.00
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3.238	Nonpriority creditor's name and mailing address Jeremy Steven Johnson 278 N 8th Street Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.239	Nonpriority creditor's name and mailing address Jericho UFSD 99 Cedar Swamp Rd Jericho, NY 11753-1202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.240	Nonpriority creditor's name and mailing address Jesse Schaefer 223 W. Fulton Street Long Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.09
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3.241	Nonpriority creditor's name and mailing address Jessica Roque 10 Warren Grove Road Warren Grove, NJ 08005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$997.99
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3.242	Nonpriority creditor's name and mailing address Jet Environmental Testin 114 Wedgewood Drive Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
3.243	Nonpriority creditor's name and mailing address Jim Vignona 2 Point O Woods Avenue Point O Woods, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.55
3.244	Nonpriority creditor's name and mailing address Jo Ann Lewald 25 Midway Street Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,528.68
3.245	Nonpriority creditor's name and mailing address Joan Asher 55 Avenue D Farmingville, NY 11738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$262.00
3.246	Nonpriority creditor's name and mailing address Joan Van Brunt 24 Birchdale Drive Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,516.21
3.247	Nonpriority creditor's name and mailing address Joann Barry 29 Elchesten Drive E Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,182.62
3.248	Nonpriority creditor's name and mailing address Joanne DeSantis 86 Woody Lane Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,048.00

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3.249	Nonpriority creditor's name and mailing address Joe Fanning 3 Hazel Avenue Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.59
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3.250	Nonpriority creditor's name and mailing address Joe Silvent 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.251	Nonpriority creditor's name and mailing address John G. Trotta 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274.50
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3.252	Nonpriority creditor's name and mailing address John Hanley 29 Dover Hill Drive Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.59
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3.253	Nonpriority creditor's name and mailing address John J. Monaco 27 Brookvale Lane Lake Grove, NY 11755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.22
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3.254	Nonpriority creditor's name and mailing address John Mateyko 84 Barnes Street Long Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.15
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3.255	Nonpriority creditor's name and mailing address John Tuttle 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.29
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3.256	Nonpriority creditor's name and mailing address John Urick 951 Old Town Road Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,374.69
3.257	Nonpriority creditor's name and mailing address John Vargas 36 Irving Avenue Floral Park, NY 11001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,974.10
3.258	Nonpriority creditor's name and mailing address Jonathan Nguyen 32 Madison Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,252.26
3.259	Nonpriority creditor's name and mailing address Jose F. Talavera 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.260	Nonpriority creditor's name and mailing address Jose Melendez 247 Laclede Avenue Uniondale, NY 11553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,768.81
3.261	Nonpriority creditor's name and mailing address Joseph A. Formisano 46 Merillon Avenue Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.16
3.262	Nonpriority creditor's name and mailing address Joseph Behar 9 Brown's River Road Sayville, NY 11782 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,518.36

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3.263	Nonpriority creditor's name and mailing address Joseph Bertuglia PO Box 349 Great River, NY 11739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.76
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3.264	Nonpriority creditor's name and mailing address Joseph D. Donofrio 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,576.36
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3.265	Nonpriority creditor's name and mailing address Joseph Economico 215 Weskura Road Yorktown Heights, NY 10598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.25
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3.266	Nonpriority creditor's name and mailing address Joseph Kasten 80 Teddy Court Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,559.20
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3.267	Nonpriority creditor's name and mailing address Joseph Manzione 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.268	Nonpriority creditor's name and mailing address Joseph Worrell 16 Johns Road East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.00
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3.269	Nonpriority creditor's name and mailing address Joshua Gidding 325 Lenox Road Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,007.35
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3.270	Nonpriority creditor's name and mailing address Joshua Soto 68 Oakland Avenue Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.271	Nonpriority creditor's name and mailing address Journal News Media Group P.O Box 822883 Philadelphia, PA 19182-2883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,160.00
3.272	Nonpriority creditor's name and mailing address JTA Leasing Co. LLC Attn: Mark Kitaeff 34 Wren Drive East Hill, NY 11576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,615.00
3.273	Nonpriority creditor's name and mailing address Juan Ramierz 1013 N Delaware Avenue Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,683.60
3.274	Nonpriority creditor's name and mailing address June Ann Smith 4 Ovington Circle Westbury, NY 11590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.275	Nonpriority creditor's name and mailing address Justin Robert Carlson 8 Mercer Street Port Jefferson Station, NY 11776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,712.50
3.276	Nonpriority creditor's name and mailing address Justino Reyes 42 Floradora Drive Mastic, NY 11950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$909.72

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3.277	Nonpriority creditor's name and mailing address Katherine Ventimiglia 2 Emily Way East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.20
3.278	Nonpriority creditor's name and mailing address Kathleen Ruggeri 45 Ketewamoke Avenue Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.78
3.279	Nonpriority creditor's name and mailing address Kaylee M. Graswald 27 Beverly Street Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$763.00
3.280	Nonpriority creditor's name and mailing address Keith McCaffrey 6 Flora Drive Mount Sinai, NY 11766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.281	Nonpriority creditor's name and mailing address Kendell Thorton PO Box 804 Winterville, NC 28590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,994.80
3.282	Nonpriority creditor's name and mailing address Kerri (Handras) McCabe 20 Charter Avenue Dix Hills, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,819.75
3.283	Nonpriority creditor's name and mailing address Kevin DeSlauriers 6 Jessie Road Eastport, NY 11941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00

Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.284	Nonpriority creditor's name and mailing address Kevin DesLauriers 6 Jessie Road Eastport, NY 11941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,102.87
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3.285	Nonpriority creditor's name and mailing address Kevin Harrington 31 Middle Island Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.286	Nonpriority creditor's name and mailing address Kimberly Poppiti 83 Buffalo Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,902.80
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3.287	Nonpriority creditor's name and mailing address Kiomelis Rodriguez 52 Tamarack Street Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.288	Nonpriority creditor's name and mailing address Konica Minolta Premier Finance PO Box 642333 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,151.93
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3.289	Nonpriority creditor's name and mailing address KPMG LLP Dept 0511 PO Box 120511 Dallas, TX 75312-0511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,025.00
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3.290	Nonpriority creditor's name and mailing address Kristine Boniello 516 Locust Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.80
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.291	Nonpriority creditor's name and mailing address L&J Cesspool Service 2 Merrick Blvd East Moriches, NY 11940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,835.00
3.292	Nonpriority creditor's name and mailing address L.I. Automatic Doors 26 W Old Country Road Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.293	Nonpriority creditor's name and mailing address L.I. Hardware 4155 Veterans Hwy Suite 9 Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,109.89
3.294	Nonpriority creditor's name and mailing address LaCorte Farm & Lawn Equipment 522 Edwards Avenue Calverton, NY 11933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.93
3.295	Nonpriority creditor's name and mailing address Landscapes by Sean Fleck PO Box 1363 Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,690.00
3.296	Nonpriority creditor's name and mailing address LandTek Group Inc 235 County Line Road Amityville, NY 11701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,550.00
3.297	Nonpriority creditor's name and mailing address Laser Performance Product 44 W Jeffryn Blvd Suite N Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00

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3.298	Nonpriority creditor's name and mailing address Laura Pope Robbins 383 Birch Hollow Drive Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,717.10
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3.299	Nonpriority creditor's name and mailing address Laurel Publications Gloria Schetty 595 Rte 25A - Suite 18 Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.300	Nonpriority creditor's name and mailing address Lazard Freres & Co., LLC PO Box 5394 New York, NY 10124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,765.95
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3.301	Nonpriority creditor's name and mailing address Leaf P.O. Box 742647 Cincinnati, OH 45274-2647 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,188.98
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3.302	Nonpriority creditor's name and mailing address Leann Doyle 48 Grove Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,526.45
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3.303	Nonpriority creditor's name and mailing address Legacy Plus, Inc. 234 Maple Avenue Patchogue, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.304	Nonpriority creditor's name and mailing address LeMoyne College Golf Office of Athletics 1419 Salt Springs Road Syracuse, NY 13214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.00
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3.305	Nonpriority creditor's name and mailing address Leo A. Giglio 9 Hilltop Drive Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,819.95
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3.306	Nonpriority creditor's name and mailing address Lester Corrain 60 Morris Street Brentwood, NY 11717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,521.21
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3.307	Nonpriority creditor's name and mailing address LI Library Resource Counsel (LILRC) Melville Library Building Suite E310 Stony Brook, NY 11794 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,325.00
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3.308	Nonpriority creditor's name and mailing address Linda Ardito 5 Two Rod Road Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,775.52
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3.309	Nonpriority creditor's name and mailing address Linda Bausch 289 Donald Blvd Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,551.55
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3.310	Nonpriority creditor's name and mailing address Linda Catelli 14 Dorset Road Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,994.32
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3.311	Nonpriority creditor's name and mailing address Linda Graceffo 160 Plainview Road Woodbury, NY 11797 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.80
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3.312	Nonpriority creditor's name and mailing address Lisa Braxton 55 Panamoka Trail Ridge, NY 11961 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,787.15
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3.313	Nonpriority creditor's name and mailing address Local 153 Pension Fund 265 14th Street New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.314	Nonpriority creditor's name and mailing address Local 434 652 4th Avenue Dominic Taibbi Brooklyn, NY 11232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.315	Nonpriority creditor's name and mailing address Lois Kahl 349 Singingwood Drive Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.316	Nonpriority creditor's name and mailing address Long Island and University Ms Mercedes Ravelo, DirPublicSafety 250 Joralemon St., Brooklyn Law School Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.317	Nonpriority creditor's name and mailing address Long Island Business News SDS-12-2632 P.O BOX 86 Minneapolis, MN 55486-2632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.00
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3.318	Nonpriority creditor's name and mailing address Long Island Geese Control 308 W Main Street, LL Suite 2 Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,750.00
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.319	Nonpriority creditor's name and mailing address Long Island Gym Equipment Co. 1400 N Pentaquit Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,865.00
3.320	Nonpriority creditor's name and mailing address Lori Zaikowski 130 Jackie Court Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,429.40
3.321	Nonpriority creditor's name and mailing address Lowe's Business Accounts PO Box 530954 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.79
3.322	Nonpriority creditor's name and mailing address Lucianna Basilice 23c Commadore Lane West Babylon, NY 11704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,471.00
3.323	Nonpriority creditor's name and mailing address Luis Rivera 11940 Angle Pond Avenue Windermere, FL 34796 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,070.10
3.324	Nonpriority creditor's name and mailing address Madeline Nelson 45 Monroe Street Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.16
3.325	Nonpriority creditor's name and mailing address Madeline Smith 217 Pleasant Drive West Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,325.04

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3.326	Nonpriority creditor's name and mailing address MailFinance Inc. 25881 Network Place Chicago, IL 60673-1258 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.42
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3.327	Nonpriority creditor's name and mailing address Mailien L. Neefeldt 12 Sherry Street East Islip, NY 11730 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$904.40
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3.328	Nonpriority creditor's name and mailing address Marcus Tye PO Box 832 East Quogue, NY 11942 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,788.55
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3.329	Nonpriority creditor's name and mailing address Margaret Intreglia 7 Marilyn Court West Babylon, NY 11704 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.42
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3.330	Nonpriority creditor's name and mailing address Mariea Noblitt 801 Kenmore Road Chapel Hill, NC 27514 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.331	Nonpriority creditor's name and mailing address Mariel Stegmeir 245 Edgewood Street Islip Terrace, NY 11752 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,713.00
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3.332	Nonpriority creditor's name and mailing address Marilyn J. Mather 22 Redwood Court Coram, NY 11727 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.55
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.333	Nonpriority creditor's name and mailing address Marilyn Mather 22 Redwood Court Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,979.85
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3.334	Nonpriority creditor's name and mailing address Marilyn Rock 123 Vanderbilt Blvd Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,235.25
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3.335	Nonpriority creditor's name and mailing address Mario Calabrese 135 Cook Road Prospect, CT 06712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.336	Nonpriority creditor's name and mailing address Mark Carattini 32 William Street Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,617.61
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3.337	Nonpriority creditor's name and mailing address Mark D. Schulte 11 West End Avenue Newton, NJ 07860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.338	Nonpriority creditor's name and mailing address Mark Greer PO Box 428 Rocky Point, NY 11778 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,772.80
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3.339	Nonpriority creditor's name and mailing address Markertek Video Supply Attn Ryan Young 1 Tower Drive, PO Box 397 Saugerties, NY 12477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.46
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Debtor Dowling College Name		Case number (if known) 16-75545 (REG)
3.340	Nonpriority creditor's name and mailing address Marlin Leasing PO Box 13604 Philadelphia, PA 19101-3604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,060.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.341	Nonpriority creditor's name and mailing address Marshall Perry 933 Manor Lane Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,087.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.342	Nonpriority creditor's name and mailing address Martha Klotz 60 River Road P.O. Box 550 Great River, NY 11739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$438.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.343	Nonpriority creditor's name and mailing address Martin Schoenhals c/o Laine A. Armstrong Advocates for Justice 225 Broadway, Suite 1902 New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.344	Nonpriority creditor's name and mailing address Mary Abell 268 Bowery 4th Floor New York, NY 10012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,604.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.345	Nonpriority creditor's name and mailing address Mary Bridgwood 24 Emilie Drive Center Moriches, NY 11934 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,256.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.346	Nonpriority creditor's name and mailing address Mary Cappasso 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	16-75545 (REG)
3.347	Nonpriority creditor's name and mailing address Mary Donoghue 51 Cannon Drive Holbrook, NY 11741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,730.70
3.348	Nonpriority creditor's name and mailing address Mary Sullivan 951 Kahle Street Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.29
3.349	Nonpriority creditor's name and mailing address Mary T. Hickey 73 Fraser Avenue Merrick, NY 11566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.350	Nonpriority creditor's name and mailing address Maryann Campagno 107 Guilford Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,986.83
3.351	Nonpriority creditor's name and mailing address Maryann Stover 264 Candee Avenue Sayville, NY 00117-8200 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,171.85
3.352	Nonpriority creditor's name and mailing address Mastrantonio Caterers Inc. 333 Moffitt Blvd Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.60
3.353	Nonpriority creditor's name and mailing address Matthew Whelan 2 Emmet Drive Stony Brook, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.354	Nonpriority creditor's name and mailing address Maureen Earle 506 Lombardy Blvd Brightwaters, NY 11718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.60
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3.355	Nonpriority creditor's name and mailing address McCarney Tours 2858 N. Wading River Road Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,835.00
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3.356	Nonpriority creditor's name and mailing address McGraw-Hill School Education Holdings LLC Lockbox 71545 Chicago, IL 60694-1545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,213.00
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3.357	Nonpriority creditor's name and mailing address Medco Supply Company PO Box 971543 Dallas, TX 75397 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$715.49
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3.358	Nonpriority creditor's name and mailing address Meister Seelig & Fein LLP 125 Park Ave 7th Floor New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,298.75
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3.359	Nonpriority creditor's name and mailing address Melissa Tillman 1859 Leonard Lane Merrick, NY 11566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.360	Nonpriority creditor's name and mailing address Melody L. Cope 21 Chateau Drive Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,794.18
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.361	Nonpriority creditor's name and mailing address Mergent, Inc. PO Box 741892 Atlanta, GA 30384-1892 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$719.00
3.362	Nonpriority creditor's name and mailing address Meron Lindenfeld 5 Fairlee Drive East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,547.85
3.363	Nonpriority creditor's name and mailing address Metromedia Technologies, Inc. PO Box 28350 New York, NY 10087-8350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.00
3.364	Nonpriority creditor's name and mailing address Michael Aloï 142 McConnell Avenue Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,312.85
3.365	Nonpriority creditor's name and mailing address Michael Anthony Cafaro 1174 Old Coats Road Lillington, NC 27546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.366	Nonpriority creditor's name and mailing address Michael Beck 44 Ocean Avenue Blue Point, NY 11715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,751.72
3.367	Nonpriority creditor's name and mailing address Michael Delia 129 Michaels Lane Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$206.05

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.368	Nonpriority creditor's name and mailing address Michael Herold 5 Tower Lane Levittown, NY 11756 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.01
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3.369	Nonpriority creditor's name and mailing address Michael J. Chebetar PO Box 242 Cross River, NY 10518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.80
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3.370	Nonpriority creditor's name and mailing address Michael Klotz 60 River Road P.O. Box 550 Great River, NY 11739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.22
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3.371	Nonpriority creditor's name and mailing address Michael Lettieri 15 The Lane Bayport, NY 11705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.02
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3.372	Nonpriority creditor's name and mailing address Michael P. Zingaro 35 Summit Road Sparta, NJ 07871-1410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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3.373	Nonpriority creditor's name and mailing address Michael Pinto 8 Elberta Drive East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.75
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3.374	Nonpriority creditor's name and mailing address Michael Sakuma 515 High Street Apt. 16 Prt Jefferson, NY 11777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,497.05
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.375	Nonpriority creditor's name and mailing address Michael Stattery 438 Lake Avenue S Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,257.16
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3.376	Nonpriority creditor's name and mailing address Michelle McKenna 3 Cheryl Lane North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,276.14
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3.377	Nonpriority creditor's name and mailing address Middle States Commission 3624 Market Street Philadelphia, PA 19104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,802.14
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3.378	Nonpriority creditor's name and mailing address Mike Caldarella 108 Kemah-Mecca Lake Road Newton, NJ 07860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.379	Nonpriority creditor's name and mailing address Mike Covello 110 Merkel Drive Bloomfield, NJ 07003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.380	Nonpriority creditor's name and mailing address Monique Davis 1705 Avalon Pines Drive Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.63
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3.381	Nonpriority creditor's name and mailing address Moody's Investors Service, Inc. 7 World Trade Center 250 Greenwich Street New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.382	Nonpriority creditor's name and mailing address Moussa Keita 16 Palm Street Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.383	Nonpriority creditor's name and mailing address Mr. Sign 1565 Sycamore Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.00
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3.384	Nonpriority creditor's name and mailing address MWDD 5908 Featherlight Place Santa Rosa, CA 95409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.00
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3.385	Nonpriority creditor's name and mailing address NA Publishing, Inc. Department 771752 PO Box 77000 Detroit, MI 48277-1752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.53
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3.386	Nonpriority creditor's name and mailing address NACAC 1050 N Highland Street Suite 400 Arlington, VA 22201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.00
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3.387	Nonpriority creditor's name and mailing address NACUBO 1110 Vermont Ave NW Suite 800 Washington, DC 20005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,676.00
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3.388	Nonpriority creditor's name and mailing address Nana Sarfo Appiah 2350 Webster Avenue Apt. 3F Bronx, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.389	Nonpriority creditor's name and mailing address Nancy Carroll 3223 Wilshire Lane Apt. E23 Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,175.50
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3.390	Nonpriority creditor's name and mailing address Nancy Jones 14 Mount Marcy Avenue Farmingville, NY 11738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,471.02
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3.391	Nonpriority creditor's name and mailing address Nassau County Library K. Ray, Locust Valley Library 170 Buckram Rd Locust Valley, NY 11560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.45
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3.392	Nonpriority creditor's name and mailing address Natalie L. Vandorn 28 Charles Road East Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,332.36
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3.393	Nonpriority creditor's name and mailing address Nathalia Rogers 60 Harned Drive Centerport, NY 11721 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,394.50
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3.394	Nonpriority creditor's name and mailing address National Center for Drug Free Sport 2537 Madison Avenue Kansas City, MO 64108-2334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,330.00
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3.395	Nonpriority creditor's name and mailing address National Grid PO Box 11791 NEWARK, NJ 07101-4791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,830.04
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.396	Nonpriority creditor's name and mailing address Neopost P.O. Box 30193 Tampa, FL 33630-3193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,777.35
3.397	Nonpriority creditor's name and mailing address Network Craze Technologies 7037 Fly Road E. Syracuse, NY 13057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,995.00
3.398	Nonpriority creditor's name and mailing address New York Times PO Box 371456 Pittsburgh, PA 15250-7456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
3.399	Nonpriority creditor's name and mailing address Newsday PO Box 3002 Boston, MA 02241-3002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.400	Nonpriority creditor's name and mailing address Nicholas Mauro 39 Glen View Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,148.84
3.401	Nonpriority creditor's name and mailing address Nicole Cuccurullo 7 Gorham Lane Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,834.00
3.402	Nonpriority creditor's name and mailing address Noreen Urso 52 Greenwich Hills Drive Greenwich, CT 06831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.25

Debtor	Case number (if known)	
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3.403 Nonpriority creditor's name and mailing address NRCCUA PO Box 414378 Kansas City, MO 64141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,860.00
3.404 Nonpriority creditor's name and mailing address NY Party Works Inc. 45 W Jeffry Blvd Deer Park, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,180.00
3.405 Nonpriority creditor's name and mailing address NYS Dep't of Enviromental Conservation Div of Env Remediation/Tech Supp 11th Fl 625 Broadway Albany, NY 12233-7020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.10
3.406 Nonpriority creditor's name and mailing address NYS HESC TAP 99 Washington Avenue 14th Fl Refund Dept Albany, NY 12255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.50
3.407 Nonpriority creditor's name and mailing address NYSATYC Inc Wilbert Donnay, Accting Dept, F530J Borough Of Manhattan Comm College New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.408 Nonpriority creditor's name and mailing address NYSFAAA Bank Street College of Education 610 West 112th Street New York, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.00
3.409 Nonpriority creditor's name and mailing address NYSUT New York State United Teachers 150 Motor Parkway, Suite 306 Sean Callahan, Esq. Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Dowling College		Case number (if known)	16-75545 (REG)
Name				
3.410	Nonpriority creditor's name and mailing address Oak Hall Industries, L.P. 840 Union Street, PO Box 1078 Salem, VA 24153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,739.95	
3.411	Nonpriority creditor's name and mailing address OCLC 4425 Solutions Center Chicago, IL 60677-4004 Date(s) debt was incurred ____ Last 4 digits of account number <u>4425</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,999.58	
3.412	Nonpriority creditor's name and mailing address Olena Huffmire 366 Collington Drive Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421.00	
3.413	Nonpriority creditor's name and mailing address Open Access Plus Medical Benefits c/o Cigna Health & Life Insurance Co. 900 Cottage Grove Road, B6LPA Hartford, CT 06152 Date(s) debt was incurred <u>through 6/3/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.414	Nonpriority creditor's name and mailing address Optel Business Communications PO Box 180 Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,650.00	
3.415	Nonpriority creditor's name and mailing address P & M Doors 10 Ocean Avenue Copliague, NY 11726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,348.84	
3.416	Nonpriority creditor's name and mailing address Paraco Gas 2510 Route 44 Salt Point, NY 12578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.34	

Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.417	Nonpriority creditor's name and mailing address Pasco Scientific 10101 Foothills Blvd PO Box 619011 Roseville, CA 95678-9011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$667.00
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3.418	Nonpriority creditor's name and mailing address Patricia Albano 9 Hopes Avenue Holtsville, NY 11742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.38
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3.419	Nonpriority creditor's name and mailing address Patricia Hubbard 214 Huron Street Apt. #3R Brooklyn, NY 11222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.00
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3.420	Nonpriority creditor's name and mailing address Patrick Johnson 5 Green Knoll Court Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,173.85
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3.421	Nonpriority creditor's name and mailing address Patti Zerafa 11 Milan Street East Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,335.40
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3.422	Nonpriority creditor's name and mailing address Paul Abramson 6 Winside Lane Coram, NY 11727 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,914.12
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3.423	Nonpriority creditor's name and mailing address Peterson's Nelnet LLC PO BOX 30216 OMAHA, NE 68103-1316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,495.00
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Debtor	Dowling College <small>Name</small>	Case number (if known)	16-75545 (REG)
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3.424	Nonpriority creditor's name and mailing address Pine Bush Central School Route 302 PO Box 670 Pine Bush, NY 12566 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.425	Nonpriority creditor's name and mailing address Pine Hills Country Club 2 Country Club Drive Manorville, NY 11949 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,650.00
3.426	Nonpriority creditor's name and mailing address Port Jefferson Sporting 1395 Rte 112 Port Jefferson Station, NY 11776 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,017.38
3.427	Nonpriority creditor's name and mailing address Precision Designs Architecture 52 Commerce Drive East Farmingdale, NY 11735-1206 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,287.40
3.428	Nonpriority creditor's name and mailing address Premier Display Inc. 2979 Judith Drive Bellmore, NY 11710 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,350.00
3.429	Nonpriority creditor's name and mailing address Pride Equipment Corporation 150 Nassau Avenue Islip, NY 11751 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.00
3.430	Nonpriority creditor's name and mailing address Professional Carpet System 73 Argyle Avenue Selden, NY 11784 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,560.00

Debtor Name	Case number (if known)	
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3.431 Nonpriority creditor's name and mailing address ProQuest LLC 789 E Eisenhower Pky PO Box 1346 Ann Arbor, MI 48106-1346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,057.00
3.432 Nonpriority creditor's name and mailing address PSEG Long Island P.O.Box 9050 Hicksville, NY 11802 Date(s) debt was incurred ____ Last 4 digits of account number 9091	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.78
3.433 Nonpriority creditor's name and mailing address PSEGLI PO BOX 888 HICKSVILLE, NY 11802-0888 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154,731.56
3.434 Nonpriority creditor's name and mailing address Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,348.82
3.435 Nonpriority creditor's name and mailing address Ralph Ruggiero 37 Connetquot Drive Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$341.38
3.436 Nonpriority creditor's name and mailing address Rebecca DeLorfan 41 Glenwood Place Farmingville, NY 11738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,101.35
3.437 Nonpriority creditor's name and mailing address Reinaldo Blanco 49 Teaneck Drive East Northport, NY 11731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,962.82

Debtor	Dowling College Name	Case number (if known)	16-75545 (REG)
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3.438	Nonpriority creditor's name and mailing address Rhoda Miller PO Box 58 Babylon, NY 11702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,915.66
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3.439	Nonpriority creditor's name and mailing address Richard Wilkens 7 Fairfield Manor Drive Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,896.40
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3.440	Nonpriority creditor's name and mailing address Richard Wolff 90 Elsmere Avenue Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,357.30
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3.441	Nonpriority creditor's name and mailing address Richard Wright 67-50 164th Street Flushing, NY 11365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.442	Nonpriority creditor's name and mailing address Robert Berchman 13 Blowing Fresh Drive Salem, SC 29676 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,562.16
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3.443	Nonpriority creditor's name and mailing address Robert Campbell 265 Cedar Avenue Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,712.13
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3.444	Nonpriority creditor's name and mailing address Robert Dougherty 122 Norwalk Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$734.00
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3.445	Nonpriority creditor's name and mailing address Robert George Elkins 139 Richmond Avenue Medford, NY 11763 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,176.90
3.446	Nonpriority creditor's name and mailing address Robert Gross 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.26
3.447	Nonpriority creditor's name and mailing address Robert Kersch 5 Leaside Drive Great River, NY 11739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.54
3.448	Nonpriority creditor's name and mailing address Robert Kopelman 12 Alice Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.68
3.449	Nonpriority creditor's name and mailing address Robert Landhauser 12 Duffin Avenue West Islip, NY 11795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$766.74
3.450	Nonpriority creditor's name and mailing address Robert Manley 151 Lake Drive S. West Islip, NY 11795 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,468.70
3.451	Nonpriority creditor's name and mailing address Robert Moccia 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00

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3.452	Nonpriority creditor's name and mailing address Robert Tota 2868 Lindale Street Wantagh, NY 11793 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.74
3.453	Nonpriority creditor's name and mailing address Robin Maynard 212 N Prospect Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
3.454	Nonpriority creditor's name and mailing address Rogers & Taylor Appraise 300 Wheeler Road Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
3.455	Nonpriority creditor's name and mailing address Romanelli & Son, Inc 94 East Hoffman Avenue Lindenhurst, NY 11757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,508.72
3.456	Nonpriority creditor's name and mailing address Ronald Rosso 17 Anderano Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,883.85
3.457	Nonpriority creditor's name and mailing address Ronald Vargas 24 James Junior Avenue Danielsom, CT 06239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.458	Nonpriority creditor's name and mailing address Roxann Hristovsky PO Box 748 Wading River, NY 11792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.64

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3.459	Nonpriority creditor's name and mailing address Royal Star Associates Inc 1124 Cassel Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,362.50
3.460	Nonpriority creditor's name and mailing address Rubenstein Associates, Inc. Worldwide Plaza 825 Eighth Avenue New York, NY 10019-7416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,216.57
3.461	Nonpriority creditor's name and mailing address Russell Huber 46 Peach Tree Lane Huntington Station, NY 11746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.462	Nonpriority creditor's name and mailing address S. Bleiberg-Seperson 17 Meleny Road Locust Valley, NY 11560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,044.20
3.463	Nonpriority creditor's name and mailing address Safeway Fire and Protection Co. 35 N Tyson Avenue Floral Park, NY 11001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
3.464	Nonpriority creditor's name and mailing address Sandra Loughran 7 Fifth Avenue Northport, NY 11768 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,239.80
3.465	Nonpriority creditor's name and mailing address Sani-Lav Inc. 805 Karshick Street Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,140.00

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3.466	Nonpriority creditor's name and mailing address Sanitech Services, Inc 110 Lake Ave South Suite 40 Nesconset, NY 11767 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,425.00
3.467	Nonpriority creditor's name and mailing address SANS Technology, Inc. c/o William Wexler, Esq. 816 Deer Park Avenue North Babylon, NY 11703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.468	Nonpriority creditor's name and mailing address School Counselors of Roc PO Box 144 Suffern, NY 10901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.469	Nonpriority creditor's name and mailing address School Guide Publication 606 Halstead Avenue Mamaroneck, NY 10543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,900.00
3.470	Nonpriority creditor's name and mailing address School Health Corp. 6764 Eagle Way Chicago, IL 60678 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.10
3.471	Nonpriority creditor's name and mailing address SCOPE Publications Order Department 100 Lawrence Avenue Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,980.00
3.472	Nonpriority creditor's name and mailing address Scott J. Passanesi 4015 Muddy Creek Road Virginia Beach, VA 23457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00

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3.473	Nonpriority creditor's name and mailing address Scott Makosiej 2519 27th Street Apt.5C Astoria, NY 11102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.474	Nonpriority creditor's name and mailing address SCPOES Pipe Band PO Box 1116 Smithtown, NY 11787 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.475	Nonpriority creditor's name and mailing address SCWA PO Box 3147 Hicksville, NY 11802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.57
3.476	Nonpriority creditor's name and mailing address Sean Lyons 74 Brand Drive Huntington, NY 11743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,176.00
3.477	Nonpriority creditor's name and mailing address Select Office Systems Inc. PO Box 11777 Burbank, CA 91510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.92
3.478	Nonpriority creditor's name and mailing address Servpro of Greater Smith 620 Johnson Avenue Suite 8 Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,768.89
3.479	Nonpriority creditor's name and mailing address Sayed Raji 24 Pleasant Lane Southampton, NY 11968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,200.58

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3.480	Nonpriority creditor's name and mailing address Sharon Dinapoli 589 Pulaski Road Kings Park, NY 11754 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,179.39
3.481	Nonpriority creditor's name and mailing address Sheryl Johnson 23 Gilbert Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$833.40
3.482	Nonpriority creditor's name and mailing address SHI Corp PO Box 952121 Dallas, TX 75395-2121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,488.00
3.483	Nonpriority creditor's name and mailing address Shred-it Long Island P.O. Box 13574 New York, NY 10087-3574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,138.64
3.484	Nonpriority creditor's name and mailing address Sidearm Sports, LLC PO BOX 843038 Kansas City, MO 64184-3038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,027.00
3.485	Nonpriority creditor's name and mailing address Sigma-Aldrich PO Box 535182 Atlanta, GA 30353-5182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$930.75
3.486	Nonpriority creditor's name and mailing address Skyrush Marketing P.O Box 354 Yapank, NY 11980 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,899.01

Debtor	Name	Case number (if known)	16-75545 (REG)
3.487	Nonpriority creditor's name and mailing address Smart Power Inc. 829 Lincoln Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.14
3.488	Nonpriority creditor's name and mailing address Southern New Hampshire University Attn: Ray Prouty 2500 N. River Road Manchester, NH 03106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$950.00
3.489	Nonpriority creditor's name and mailing address Spencer Robison 20 Oak Hill Avenue Norwalk, CT 06854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.490	Nonpriority creditor's name and mailing address St. Anthony's High School Mrs. Kim Hearney, Director of College Co 275 Wolf Hill Road South Huntington, NY 11747-1394 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.491	Nonpriority creditor's name and mailing address St. John the Baptist Diocesan HS 1170 Montauk Hwy West Islip, NY 11795-4959 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,880.00
3.492	Nonpriority creditor's name and mailing address St. Johns University Bernadette Lavin-MacDonald Ctr 8000 Utopia Pkwy Jamaica, NY 11439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,500.00
3.493	Nonpriority creditor's name and mailing address St. Joseph's College 155 W Roe Blvd. Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00

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3.494 Nonpriority creditor's name and mailing address Statewide Roofing Inc. 2120 Fifth Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,123.61
3.495 Nonpriority creditor's name and mailing address Stephanie Tatum 4 McFarland Avenue Central Islip, NY 11722 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,903.20
3.496 Nonpriority creditor's name and mailing address Stephen Angelella 2788 Marion Street Bellmore, NY 11710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$473.16
3.497 Nonpriority creditor's name and mailing address Stephen Lamia 269 W 72nd Street Apt. 6C New York, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,640.95
3.498 Nonpriority creditor's name and mailing address Steven Murray 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.34
3.499 Nonpriority creditor's name and mailing address Steven R. Stecher 225 Hillside Avenue Livingston, NJ 07039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.500 Nonpriority creditor's name and mailing address Steven Tellerias 448 Ocean Avenue Central Islip, NY 11722-1828 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.00

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3.501	Nonpriority creditor's name and mailing address Storr Tractor Company 175 13th Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.98
3.502	Nonpriority creditor's name and mailing address Strategic Value Media 8700 Indian Creek Parkway Suite 300 Ovelook Park, KS 66210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
3.503	Nonpriority creditor's name and mailing address Suffolk County Locksmith 944 Montauk Hwy Suite C Shirley, NY 11967 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.55
3.504	Nonpriority creditor's name and mailing address Suffolk County News PO Box 782 Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.00
3.505	Nonpriority creditor's name and mailing address Suffolk Zone N.Y.S.A.H.P %Joanne Hamilton,Suffolk Zone 7 Glen Hollow Drive, Apt B33 Holtsville, NY 11742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.506	Nonpriority creditor's name and mailing address Superior Office Systems 49 West 37th Street 3rd Floor New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,425.98
3.507	Nonpriority creditor's name and mailing address Susan Carter 131 N Country Road Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,453.85

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3.508	Nonpriority creditor's name and mailing address Susan Voorhees 43 Bayway Avenue Bay Shore, NY 11706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,772.10
3.509	Nonpriority creditor's name and mailing address Susan Wendy Fox 25 Harbor Watch Court Sag Harbor, NY 11963 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.71
3.510	Nonpriority creditor's name and mailing address Suzanne Fregosi 572 Laurelton Blvd. Long Beach, NY 11561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.00
3.511	Nonpriority creditor's name and mailing address Symplicity Corporation 17890 W Dixie Hwy Suite 606 North Miami, FL 33160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,675.00
3.512	Nonpriority creditor's name and mailing address The Allen J Flood Company Two Madison Avenue Larchmont, NY 10538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195,944.00
3.513	Nonpriority creditor's name and mailing address Theresa Domenichello 22 Canterbury Drive Hauppauge, NY 11788 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,951.80
3.514	Nonpriority creditor's name and mailing address Theresa Talmage 83 East Moriches Blvd Eastport, NY 11941 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,479.94

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3.515	Nonpriority creditor's name and mailing address Thomas Caputo 20 Heidi Court Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,634.37
3.516	Nonpriority creditor's name and mailing address Thomas Daly 115 Roxbury Road Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,445.73
3.517	Nonpriority creditor's name and mailing address Thomas Kelly 5960 Amherst Drive Apt. B 101 Naples, FL 34112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,330.48
3.518	Nonpriority creditor's name and mailing address Thomas Scientific 3501 Market Street Philadelphia, PA 19104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.83
3.519	Nonpriority creditor's name and mailing address Thomson Reuters-West Payment Center P.O Box 6292 Carol Stream, IL 60197-6292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.24
3.520	Nonpriority creditor's name and mailing address Timothy Boyle 208 Oak Street Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,274.78
3.521	Nonpriority creditor's name and mailing address Timothy Kelly 36 Dale Drive Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,438.95

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3.522	Nonpriority creditor's name and mailing address Todd Rooney 51 Oakdale Avenue Selden, NY 11784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,883.68
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3.523	Nonpriority creditor's name and mailing address Total Funds by Hasler PO Box 30193 Tampa, FL 33630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.25
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3.524	Nonpriority creditor's name and mailing address Tracy J. DiMarco 426 Wading River Manorville, NY 11949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.00
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3.525	Nonpriority creditor's name and mailing address Trade Industry Network 163 Sterling Road Toronto, 0 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$987.00
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3.526	Nonpriority creditor's name and mailing address Travis Evans 518 W. 111th Street New York, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$322.89
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3.527	Nonpriority creditor's name and mailing address Troy Bohlander Residence Life - Oakdale 150 Idle Hour Blvd. Oakdale, NY 11769 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,543.05
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3.528	Nonpriority creditor's name and mailing address U.S. Department of Education Financial Square 32 Old Slip, 25th Floor New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Title IV Funds</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.529	Nonpriority creditor's name and mailing address UMB Bank, N.A. Corporate Trust Services 120 Sixth Street, Suite 1400 Minneapolis, MN 55402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>fees charged to the Debtors account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,946.50
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3.530	Nonpriority creditor's name and mailing address Union Leasing Inc. 425 North Martingdale Road 6th Floor Schaumburg, IL 60173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,197.00
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3.531	Nonpriority creditor's name and mailing address Universal Temperature Co. 1749 Julia Goldbach Avenue Ronkonkoma, NY 11779 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,780.00
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3.532	Nonpriority creditor's name and mailing address University of Bridgeport Women's Soccer 120 Waldmere Avenue Bridgeport, CT 06601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.533	Nonpriority creditor's name and mailing address University of New Haven Charger Gymnasium 300 Boston Post Road West Haven, CT 06516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.534	Nonpriority creditor's name and mailing address University of Wisconsin Lunar School of Business ATTN Andrea Zw PO BOX 742 Milwaukee, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,000.00
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3.535	Nonpriority creditor's name and mailing address Univest 3331 Street Road Suite 325 Bensalem, PA 19020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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3.536	Nonpriority creditor's name and mailing address Utility Detection, Inc. PO Box 223 Milford, PA 18337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.537	Nonpriority creditor's name and mailing address Valero PO Box 300 Amarillo, TX 79105-0300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,249.46
3.538	Nonpriority creditor's name and mailing address Value Line Publishing LLC 485 Lexington Avenue 9th Floor New York, NY 10017-2630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950.00
3.539	Nonpriority creditor's name and mailing address Verizon P.O. Box 15124 Albany, NY 12212-5124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$577.98
3.540	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 15023 Worcester, MA 01615-0023 Date(s) debt was incurred ____ Last 4 digits of account number <u>4179</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,328.94
3.541	Nonpriority creditor's name and mailing address Verona Safety Supply Inc. 913 Watson Avenue Madison, WI 53713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$685.40
3.542	Nonpriority creditor's name and mailing address Victoria Herrmann 118 Easy Street West Sayville, NY 11796 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.61

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3.543 Nonpriority creditor's name and mailing address Waldo 118 North Bedford Road Suite 201 Mt. Kisco, NY 10549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,062.25
3.544 Nonpriority creditor's name and mailing address Walter Benka 166-69 20th Avenue Whitestone, NY 11357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,049.00
3.545 Nonpriority creditor's name and mailing address WB Mason Co Inc. PO Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,473.84
3.546 Nonpriority creditor's name and mailing address We Drive You, Inc 700 Airport Blvd Suite 250 Burlingame, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83,071.63
3.547 Nonpriority creditor's name and mailing address Wendy Ehrensberger (Deceased) 18 Sheldon Avenue Patchogue, NY 11772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,629.15
3.548 Nonpriority creditor's name and mailing address West Group Payment Center P.O. Box 6292 Carol Stream, IL 60197-6292 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.00
3.549 Nonpriority creditor's name and mailing address Western Suffolk Counselors 595 NY-25A # 18 Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00

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3.550	Nonpriority creditor's name and mailing address Whitney Stark 1250 Baldwin Road Yorktown Heights, NY 10598 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$274.25
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3.551	Nonpriority creditor's name and mailing address William Indick 125 Maple Street Islip, NY 11751 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,536.80
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3.552	Nonpriority creditor's name and mailing address William Schmoegner 5 Paddock Road East Lyme, CT 06333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.553	Nonpriority creditor's name and mailing address William Stanley 19 Meadow Street Garden City, NY 11530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,464.73
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3.554	Nonpriority creditor's name and mailing address Wilmington Trust, National Association Corporate Trust Services 25 South Charles Street, 11th Floor Baltimore, MD 21201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>fees charged to the Debtors</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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3.555	Nonpriority creditor's name and mailing address WSCA Spring Conference 595 Rte 25A Suite 18 Miller Place, NY 11764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.556	Nonpriority creditor's name and mailing address Xerox Education Services PO Box 201322 Dallas, TX 75320-1322 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,347.78
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Debtor	Name	Case number (if known)	16-75545 (REG)
3.557	Nonpriority creditor's name and mailing address Xerox Financial Services P.O. Box3147 Hicksville, NY 11802-3147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,355.35
3.558	Nonpriority creditor's name and mailing address Yair Cohen 80-62 188th Street Hollis, NY 11423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.559	Nonpriority creditor's name and mailing address Yanek Mieczkowski 836 Walnut Avenue Bohemia, NY 11716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,306.70
3.560	Nonpriority creditor's name and mailing address Yenko Inc. 150 Grant Street 2nd Floor Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
3.561	Nonpriority creditor's name and mailing address Yousuf Khan Aslam 138 Princess Street Hicksville, NY 11801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.40
3.562	Nonpriority creditor's name and mailing address Zeklers Inc. 1061 N.Shepard Street Suite L Anaheim, CA 92806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$784.50

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	American Express 200 Vesey Street New York, NY 10285	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor Dowling College Name		Case number (if known) 16-75545 (REG)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.2	Archer, Byington, Glennon & Levine LLP James W. Versocki One Huntington Quadrangle, Suite 4C10 PO Box 9064 Melville, NY 11747	Line <u>3.214</u> <input type="checkbox"/> Not listed. Explain _____
4.3	Archer, Byington, Glennon & Levine LLP One Huntington Quadrangle, Suite 4C10 PO Box 9064 James W. Versocki Melville, NY 11747	Line <u>3.221</u> <input type="checkbox"/> Not listed. Explain _____
4.4	Blackboard Inc. 1111 19th Street, NW Washington, DC 20036	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____
4.5	Bruce Leder, Esq. 1700 Galloping Hill Road Kenilworth, NJ 07033	Line <u>3.313</u> <input type="checkbox"/> Not listed. Explain _____
4.6	Capital One NA 313 Carondelet Street New Orleans, LA 70130	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____
4.7	Carrier Commercial Service 4110 Butler Pike Plymouth Meeting, PA 19462	Line <u>3.79</u> <input type="checkbox"/> Not listed. Explain _____
4.8	Chase Weiss & Kehoe LLC Matthew J. Weiss 190 Monroe Street, Suite 203 Hackensack, NJ 07601	Line <u>3.190</u> <input type="checkbox"/> Not listed. Explain _____
4.9	Department of Veteran Affairs PO Box 4616 Kim Wagner Buffalo, NY 14240	Line <u>3.131</u> <input type="checkbox"/> Not listed. Explain _____
4.10	IUOE Local 30 16-16 Whitestone Expressway Robert V. Wilson, Business Representative Whitestone, NY 11357	Line <u>3.221</u> <input type="checkbox"/> Not listed. Explain _____
4.11	John G. Trotta 13 Brand Street Hastings on Hudson, NY 10706	Line <u>3.251</u> <input type="checkbox"/> Not listed. Explain _____
4.12	Joint Board of Trustees of Local 153 265 West 14th Street New York, NY 10011	Line <u>3.313</u> <input type="checkbox"/> Not listed. Explain _____
4.13	Law Office of Amos Weinberg 49 Somerset Dr. S Great Neck, NY 11020	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____

Debtor	Name	Case number (if known)	16-75545 (REG)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14	National Labor Relations Board Region 29 Two Metro-Tech Center, 5th Floor Matthew A. Jackson Brooklyn, NY 11201	Line <u>3.221</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	PSEGLI 175 E. Old Country Road Hicksville, NY 11801	Line <u>3.433</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	Rubin & Rothman, LLC 1787 Veterans Highway, Suite 32 PO Box 9003 Islandia, NY 11749	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	U.S. Department of Labor Employee Benefits Security Administration 33 Whitehall Street, Suite 1200 Matt Mandredi New York, NY 10004	Line <u>2.8</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	UMB Bank, N.A. PO Box 414589 Kansas City, MO 64141	Line <u>3.529</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	United States Attorney's Office, EDNY 610 Federal Plaza James H. Knapp, Assistant U.S. Attorney Central Islip, NY 11722	Line <u>3.528</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	Wilmington Trust, National Association Attn: Fee Processing Unit PO Box 22900 Rochester, NY 14692	Line <u>3.554</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>162,431.95</u>
5b. +	\$ <u>4,368,896.53</u>
5c.	\$ <u>4,531,328.48</u>

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Formativ 50 User License**State the term remaining **Eff 4/1/2016-3/31/2017**

List the contract number of any government contract _____

**Advansys
68 Ourlmvah Road
Mosman, NSW, Autrialia**2.2. State what the contract or lease is for and the nature of the debtor's interest **Formativ 50 User License**State the term remaining **Exp. 3/31/2017**

List the contract number of any government contract _____

**AdvanSys
68 Ourlmbah Road
Mosman NSW, Australia 2088**2.3. State what the contract or lease is for and the nature of the debtor's interest **American Telephone Company, Used for 800#s, Inbound and International Calls**State the term remaining **Exp. 6/30/2016**

List the contract number of any government contract _____

**American Telephone Company
PO Box 1465
Melville, NY 11747**2.4. State what the contract or lease is for and the nature of the debtor's interest **Apple Computers**State the term remaining **Exp. 8/31/2017**

List the contract number of any government contract _____

**Apple Finance
Michael Lockwood
23801 Calabases Road
Suite 101
Calabasas, CA 91302**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Blackboard Learning System License**

State the term remaining

Exp. 9/25/2016

List the contract number of any government contract

**Blackboard Inc.
650 Massachusetts Avenue, NW
6th Floor
Washington, DC 20001**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Blackboard Transact System License**

State the term remaining

Exp. 9/30/2016

List the contract number of any government contract

**Blackboard Inc.
650 Massachusetts Avenue, NW
6th Floor
Washington, DC 20001**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Optonline Internet Modems, Cable TV, Optimum Voice at Employees Homes and VAC Bldg**

State the term remaining

Exp. 6/30/2016

List the contract number of any government contract

**Acct #
07840-229394-01-3**

**Cablevision
PO Box 371378
Pittsburgh, PA 15250**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Recurring cost for Oakdale and Brookhaven Data/Voice Circuits, Internet Circuits**

State the term remaining

Exp. 5/31/2017

List the contract number of any government contract

**Cablevision Lightpath, Inc.
PO Box 360111
Pittsburgh, PA 15251**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Internet/voice/data**

State the term remaining

List the contract number of any government contract

**Cablevision Lightpath, Inc.
PO Box 360111
Pittsburgh, PA 15251**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Meru Wireless Support Contract**

State the term remaining

Exp. 3/11/2017

**Carousel Industries of North America Inc
PO Box 842084
Boston, MA 02284**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest **Cisco Edge Router Maintenance**

State the term remaining **Exp. 7/16/2016**
**CDW-G
75 Remittance Drive
Suite 1515
Chicago, IL 60675**

List the contract number of any government contract _____

2.12. State what the contract or lease is for and the nature of the debtor's interest **WatchGaurd LiveSecurity Firewall Software Maintenance**

State the term remaining **Exp. 2/28/2017**
**CDW-G
75 Remittance Drive
Suite 1515
Chicago, IL 60675**

List the contract number of any government contract _____

2.13. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining **Month to month**
**Charles McCabe
58 Woodlawn Avenue
Oakdale, NY 11769**

List the contract number of any government contract _____

2.14. State what the contract or lease is for and the nature of the debtor's interest **Academic Support**

State the term remaining

**CIT Finance LLC
21146 Network Place
Chicago, IL 60673**

List the contract number of any government contract _____

2.15. State what the contract or lease is for and the nature of the debtor's interest **Meru Wireless Lease**

State the term remaining **Exp. 4/30/2017**
**CIT Finance LLC
21146 Network Place
Chicago, IL 60673**

List the contract number of any government contract _____

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest **Novell Academic License and 5 Service Request Pack**

State the term remaining

Exp. 7/31/2016

List the contract number of any government contract

**Computer Integrated Services
561 Seventh Avenue
13th Floor
New York, NY 10018**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining

Month to month

List the contract number of any government contract

**Desiree Nelson/Matthew Pasquale
56 Van Bomet Blvd
Oakdale, NY 11769**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Tenant pursuant to license agreement dated October 2, 2014.**

State the term remaining

through the period ending April 15, 2017

List the contract number of any government contract

**Dowling College
St. Johns University Campus
500 Montauk Highway
Shirley, NY 11967**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Labor Contract**

State the term remaining

Memorandum of Agreement dated May 23, 2016

List the contract number of any government contract

**Dowling College Chapter of NYSUT
150 Motor Parkway
Hauppauge, NY 11788**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Collective Bargaining Agreement for the Period from September 1, 2012 through August 31, 2016, which was extended by prior agreement of the parties to August 31, 2018**

State the term remaining

Exp. August 31, 2018

List the contract number of any government contract

**Dowling College Chapter of NYSUT
150 Motor Parkway
Hauppauge, NY 11788**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.21. State what the contract or lease is for and the nature of the debtor's interest **Dowling.edu domain**State the term remaining **Exp. 7/31/2017**

List the contract number of any government contract

**EDUCAUSE
4771 Walnut Street
Suite 206
Boulder, CO 80304**2.22. State what the contract or lease is for and the nature of the debtor's interest **Ellucian Banner and Oracle Maintenance and Support**State the term remaining **Exp. 6/30/2016**

List the contract number of any government contract

**Ellucian Support Inc.
62578 Collections Center Drive
Chicago, IL 60693**2.23. State what the contract or lease is for and the nature of the debtor's interest **ArcGIS Software License for the ArcGIS class**State the term remaining **Exp. 9/18/2016**

List the contract number of any government contract

**ESRI Inc.
380 New York Street
Redlands, CA 92373**2.24. State what the contract or lease is for and the nature of the debtor's interest **2 -Canon Imagerunner 4225 Serial#RKF07218 & RKF07211 & 1 Canon Imagerunner C33252 Serial #QTW09996, Exp. 5/28/2021**

State the term remaining

List the contract number of any government contract

Contract No. 41361179**Everbank
PO Box 91160
Denver, CO 80291**2.25. State what the contract or lease is for and the nature of the debtor's interest **Faronics Deep Freeze Professional**State the term remaining **Exp. 8/14/2016**

List the contract number of any government contract

**Faronics Technologies
5506 Sunol Blvd.
Suite 202
Pleasanton, CA 94566**2.26. State what the contract or lease is for and the nature of the debtor's interest **Freedom Scientific JAWS Screen Reading Software District License (Five Users) Exp. 10/31/16**

State the term remaining

**Freedom Scientific
c/o BLV Group, Charlie Madsen
11800 31st Court, N.
Saint Petersburg, FL 33716**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.27. State what the contract or lease is for and the nature of the debtor's interest

Rental Lease

State the term remaining

Month to month

List the contract number of any government contract _____

Geoffrey and Anna Maria Stewart
87 Central Blvd
Oakdale, NY 11769

2.28. State what the contract or lease is for and the nature of the debtor's interest

GoDaddy dowling.edu Wildcard Certificate

State the term remaining

Exp. 3/22/2019

List the contract number of any government contract _____

GoDaddy.com Inc.
14455 N. Hayden Road
Suite 219
Scottsdale, AZ 85260

2.29. State what the contract or lease is for and the nature of the debtor's interest

Meru Controller Certificate (Campus Wireless)

State the term remaining

Exp. 5/5/2019

List the contract number of any government contract _____

GoDaddy.com Inc.
14455 N. Hayden Road
Suite 219
Scottsdale, AZ 85260

2.30. State what the contract or lease is for and the nature of the debtor's interest

Canon Image Pro

State the term remaining

Exp. 8/1/2020

List the contract number of any government contract _____

GreatAmerica Financial Services
PO Box 660831
Dallas, TX 75266

2.31. State what the contract or lease is for and the nature of the debtor's interest

GroupWise Maintenance (Email Spam Filter)

State the term remaining

Exp. 7/10/2016

List the contract number of any government contract _____

GWA
1175 S. 800 E.
Orem, UT 84097

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.32. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**RELOAD for
GroupWise
Maintenance (Email
Backup)
Exp. 8/29/2017****GWAVA
1175 S. 800 E.
Orem, UT 84097**

2.33. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Kaspersky Anti-Virus
for PC Desktop License
and Support (Prepaid, 3
Years)
Exp. 3/31/2017****GWAVA
1175 S. 800 E.
Orem, UT 84097**

2.34. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Harland Scantron NCS
Bubble-Sheet Scanner
Maintenance for SRF
Surveys
Exp. 3/18/2017****Harland Technology Services
PO Box 45550
Omaha, NE 68145**

2.35. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**IBM SPSS and Amos
Site License used on
and off campus for
Education Doctoral
Programs, Education
Graduate Programs,
Sociology, and
Professors performing
Research
Exp. 10/31/2016****IBM Corporation
PO Box 643600
Pittsburgh, PA 15267**

2.36. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**IBM AIX 6.1
Maintenance (Banner
Database Servers)****Eff 8/28/2014-8/27/2015****IBM Corporation
PO Box 643600
Pittsburgh, PA 15267**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.37. State what the contract or lease is for and the nature of the debtor's interest

**IBM BladeCenter,
Blades, DS5100 SAN,
TSM (Server, Library,
SAN) Hardware
Maintenance
Eff 1/1/2015-12/31/2015**

State the term remaining

List the contract number of any government contract

**IBM Corporation
PO Box 643600
Pittsburgh, PA 15267**

2.38. State what the contract or lease is for and the nature of the debtor's interest

**Collective Bargaining
Agreement from July 1,
2010 through June 30,
2014. Extension of
Collective Bargaining
Agreement June 2014.
Memorandum of
Agreement terms
approved July 20, 2015
Labor Contract**

State the term remaining

List the contract number of any government contract

**Int'l Assoc. of Machinists and Aerospace
AFL-CIO Local Lodge No. 434
District Lodge No. 15
652 4th Avenue
Brooklyn, NY 11232**

2.39. State what the contract or lease is for and the nature of the debtor's interest

**Collective Bargaining
Agreement**

State the term remaining

List the contract number of any government contract

Exo. 2/14/2018**Int'l Union of Operating Engineers
Local 30 (AFL-CIO)
New York Headquarters
16-16 White Stone Expressway
Whitestone, NY 11357**

2.40. State what the contract or lease is for and the nature of the debtor's interest

**Ipswitch WS_FTP Pro
(20 Users)**

State the term remaining

List the contract number of any government contract

Exp. 3/16/2017**Ipswitch Inc.
PO Box 3726
New York, NY 10008**

2.41. State what the contract or lease is for and the nature of the debtor's interest

Rental Lease

State the term remaining

List the contract number of any government contract

Month to month**John Casey
115 Idle Hour Blvd.
Oakdale, NY 11769**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.42. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining **Month to month**

List the contract number of any government contract _____

John Ingoglia & Tabitha Ueblacker
88 Central Blvd.
Oakdale, NY 11769

2.43. State what the contract or lease is for and the nature of the debtor's interest **JRButils for NetWare Annual Registration**

State the term remaining **Exp. 3/31/2017**

List the contract number of any government contract _____

JRB Software
PO Box 28-118
Christchurch, NZ 8242

2.44. State what the contract or lease is for and the nature of the debtor's interest **JTA Lease # 023 for Tivoli Backup System (Monthly)**

State the term remaining **Exp. 6/30/2016**

List the contract number of any government contract _____

JTA Leasing Co. LLC
Mark Kitaeff
34 Wren Drive
East Hill, NY 11576

2.45. State what the contract or lease is for and the nature of the debtor's interest **Computers - Academic support**

State the term remaining _____

List the contract number of any government contract _____

JTA Leasing Co. LLC
Mark Kitaeff
34 Wren Drive
East Hill, NY 11576

2.46. State what the contract or lease is for and the nature of the debtor's interest **Konica Copier BIZHUB**

State the term remaining **Exp. 2016**

List the contract number of any government contract _____

Konica Minolta Premier Finance
PO Box 642333
Pittsburgh, PA 15264

2.47. State what the contract or lease is for and the nature of the debtor's interest **Laser Performance Maintenance for HP Printers (Quarterly)**

State the term remaining **Exp. 7/31/2016**

List the contract number of any _____

Laser Performance Products, Inc.
44 W. Jefryn Blvd.
Suite N
Deer Park, NY 11729

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.48. State what the contract or lease is for and the nature of the debtor's interest

Rental Lease

State the term remaining

Month to month

List the contract number of any government contract

**Lauren Bufalo
44 Van Bomel Blvd
Oakdale, NY 11769**

2.49. State what the contract or lease is for and the nature of the debtor's interest

2 Laserjet printersm Lease

State the term remaining

Exp. 4/1/2019

List the contract number of any government contract

**Contract NO.
100-2614877-001**

**Leaf
PO Box 742647
Cincinnati, OH 45274**

2.50. State what the contract or lease is for and the nature of the debtor's interest

Equipment in Print ShopStandard SD440 Copier System

State the term remaining

List the contract number of any government contract

**Contract No.
100-2614877-002**

**Leaf
PO Box 742647
Cincinnati, OH 45274**

2.51. State what the contract or lease is for and the nature of the debtor's interest

Triumph Paper Cutter Lease - Print Shp

State the term remaining

Exp. 6/1/2017

List the contract number of any government contract

**Leaf
PO Box 742647
Cincinnati, OH 45274**

2.52. State what the contract or lease is for and the nature of the debtor's interest

Xerox Copiers/Scan/Fax-Additional Finance funding

State the term remaining

List the contract number of any government contract

**Leaf
PO Box 742647
Cincinnati, OH 45274**

2.53. State what the contract or lease is for and the nature of the debtor's interest

HEAT/Lumension Desktop Patching Software Maintenance

**Lumension Security, Inc.
8660 E. Hartford Drive
Suite 300
Scottsdale, AZ 85255**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Exp. 7/23/2016**

List the contract number of any government contract _____

2.54. State what the contract or lease is for and the nature of the debtor's interest **Mailroom equipment**

State the term remaining

List the contract number of any government contract _____

Lease # N15071076**MailFinance
478 Wheelers Farm Road
Milford, CT 06461**2.55. State what the contract or lease is for and the nature of the debtor's interest **Various equipment in Print Shop**State the term remaining **Exp. 1/22/2018**

List the contract number of any government contract _____

Lease # H12111864**MailFinance
478 Wheelers Farm Road
Milford, CT 06461**2.56. State what the contract or lease is for and the nature of the debtor's interest **Maplesoft License and Maintenance for Math Department (15 Concurrent Users)**State the term remaining **Exp. 7/28/2016**

List the contract number of any government contract _____

**Maplesoft
615 Kumpf Drive
Waterloo, ON N2V 1K8
Canada**2.57. State what the contract or lease is for and the nature of the debtor's interest **Copystar digital printer**State the term remaining **Expired**

List the contract number of any government contract _____

**Lease #
401-1258874-001****Marlin Leasing
PO Box 13604
Philadelphia, PA 19101**2.58. State what the contract or lease is for and the nature of the debtor's interest **MDS Datacard ID Card System Maintenance**State the term remaining **Eff
11/1/2015-10/31/2016**

List the contract number of any government contract _____

**MDS
PO Box 11394
Newark, NJ 07101**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.59. State what the contract or lease is for and the nature of the debtor's interest **Employment Contract**

State the term remaining

Terminated

List the contract number of any government contract

**Melody L. Cope
21 Chateau Drive
Oakdale, NY 11769**2.60. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining

Month to month

List the contract number of any government contract

**Melody L. Cope
21 Chateau Drive
Oakdale, NY 11769**2.61. State what the contract or lease is for and the nature of the debtor's interest **MDS Datacard ID Card System Maintenance**

State the term remaining

Exp. 10/31/2016

List the contract number of any government contract

**Metropolitan Data Solutions
279 Conklin Street
Farmingdale, NY 11735**2.62. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining

Month to month

List the contract number of any government contract

**Michael Cappell & Mandolynne Hopkins
47 Chateau Drive
Oakdale, NY 11769**2.63. State what the contract or lease is for and the nature of the debtor's interest **MicroFocus Cobol Support (Banner Cobol Compiler)**

State the term remaining

Exp. 10/6/2016

List the contract number of any government contract

**MicroFocus, Inc.
PO Box 19224
Palatine, IL 60055**2.64. State what the contract or lease is for and the nature of the debtor's interest **Microsoft Campus Agreement for Server and Desktop Operating Systems and MS Office for Faculty, Staff, and Students both on and off campus****Microsoft
c/o SHI Corp
PO Box 952121
Dallas, TX 75395**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Exp. 9/30/2017**

List the contract number of any government contract _____

2.65. State what the contract or lease is for and the nature of the debtor's interest **MiniTab 16 Multi User Maintenance for Math Department (15 Users)**State the term remaining **Exp. 8/31/2016**

List the contract number of any government contract _____

**Minitab, Inc.
Quality Plaza
1829 Pine Hall Road
State College, PA 16801**2.66. State what the contract or lease is for and the nature of the debtor's interest **NERCOMP Annual Membership Dues for Dowling College**State the term remaining **Exp. 6/30/2016**

List the contract number of any government contract _____

**NERCOMP
100 Western Blvd.
Suite 2
Glastonbury, CT 06033**2.67. State what the contract or lease is for and the nature of the debtor's interest **Main Nortel 8600 Network Switch Maintenance**State the term remaining **Exp. 4/9/2017**

List the contract number of any government contract _____

**Network Craze Technologies, Inc.
7037 Fly Road
East Syracuse, NY 13057**2.68. State what the contract or lease is for and the nature of the debtor's interest **Novell Academic License and 5 Service Request Pack**State the term remaining **Eff 8/1/2015-7/31/2016**

List the contract number of any government contract _____

**Novell
c/o Computer Integrated Service
561 7th Avenue, 13th Floor
New York, NY 10018**2.69. State what the contract or lease is for and the nature of the debtor's interest **Collective Bargaining Agreement July 1, 2007 through June 30, 2012. Extended by Memorandum of Agreement dated June 2012. Another Memorandum of Agreement dated January 12, 2015.**

State the term remaining

**Office & Prof. Employees Int'l Union
Local 153, AFL-CIO
265 W. 14th Street
6th Floor
New York, NY 10011**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.70. State what the contract or lease is for and the nature of the debtor's interest **Optel Business Communication Systems: Fujitsu Phone System Maintenance Contract**

State the term remaining **Exp. 6/30/2016**

List the contract number of any government contract _____

Optel Business Communication Systems
PO Box 180
Nesconset, NY 11767

2.71. State what the contract or lease is for and the nature of the debtor's interest **Service contract**

State the term remaining

List the contract number of any government contract _____

Optel Business Communication Systems
PO Box 180
Nesconset, NY 11767

2.72. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining

List the contract number of any government contract _____

Month to month

Paula Marie & Robert Johnson
138 Central Blvd
Oakdale, NY 11769

2.73. State what the contract or lease is for and the nature of the debtor's interest **LIPA Telephone Pole Lease**

State the term remaining

List the contract number of any government contract _____

Exp. 6/30/2016**Acct # 0236-4010-45-0**

PSEGLI
PO Box 9039
Hicksville, NY 11802

2.74. State what the contract or lease is for and the nature of the debtor's interest **Pole Charges**

State the term remaining

List the contract number of any government contract _____

PSEGLI
PO Box 9039
Hicksville, NY 11802

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.75. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining **Month to month**

List the contract number of any government contract _____

**Richard & Cherisse Forberg
102 Connetquot
Oakdale, NY 11769**

2.76. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining **Month to month**

List the contract number of any government contract _____

**Rosemaire Giaquinto
48 Van Bommel Blvd.
Oakdale, NY 11769**

2.77. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining **Month to month**

List the contract number of any government contract _____

**Rosemarie Fairchild
27 Chateau Drive
Oakdale, NY 11769**

2.78. State what the contract or lease is for and the nature of the debtor's interest **Schneider Electric APC Maintenance for Main UPS in FH 321 Data Center
Exp. 2/19/2016**

State the term remaining

List the contract number of any government contract _____

**Schneider Electric
132 Fairgrounds Road
West Kingston, RI 02892**

2.79. State what the contract or lease is for and the nature of the debtor's interest **Microsoft Campus Agreement for Server and Desktop Operating Systems and MS Office for Faculty, Staff, and Students both on and off campus
Exp. 9/30/2016**

State the term remaining

List the contract number of any government contract _____

**SHI Corp.
PO Box 952121
Dallas, TX 75395**

2.80. State what the contract or lease is for and the nature of the debtor's interest **SolarWinds Kiwi Syslog Server and Viewer**

**SolarWinds, Inc.
3711 S. MoPac Expressway
Austin, TX 78746**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Exp. 8/18/2016**

List the contract number of any government contract _____

2.81. State what the contract or lease is for and the nature of the debtor's interest **Standard Register
LinkUp Software
Maintenance
(Accounting Check
Printer) (LUE LITE 6.x,
Serial # 06100129, Part
13185359)**

State the term remaining **Exp. 11/6/2016**

List the contract number of any government contract _____

**Standard Register
600 Albany Street
Dayton, OH 45417**

2.82. State what the contract or lease is for and the nature of the debtor's interest **Apartment Lease
Agreement**

State the term remaining **Exp. 2017**

List the contract number of any government contract _____

**State University of NY at Stony Brook
University Plaza
Albany, NY 12246**

2.83. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining **Month to month**

List the contract number of any government contract _____

**Stephen Hanna & Mark Hanna
52 Van Bommel Blvd
Oakdale, NY 11769**

2.84. State what the contract or lease is for and the nature of the debtor's interest **College Lease
Agreement dated as of
June 1, 2006 covering
"2006 Bond Facility"**

State the term remaining **Exp. 6/1/2036**

List the contract number of any government contract _____

**Suffolk County Industrial Devel. Agency
H. Lee Dennison Building
3rd Floor
100 Veterans Highway
Hauppauge, NY 11788**

2.85. State what the contract or lease is for and the nature of the debtor's interest **Sublease Agreement
dated as of June 1,
2006 covering "2006
Bond Facility"**

State the term remaining **Exp. 6/1/2036**

List the contract number of any government contract _____

**Suffolk County Industrial Devel. Agency
H. Lee Dennison Building
3rd Floor
100 Veterans Highway
Hauppauge, NY 11788**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.86.	State what the contract or lease is for and the nature of the debtor's interest	Lease and Sublease in relation to "Science Building Facility and Sewage Treatment Facility" dated as of December 1, 1990	
	State the term remaining	12/2/2010	Suffolk County Industrial Devel. Agency H. Lee Dennison Building 3rd Floor 100 Veterans Highway Hauppauge, NY 11788
	List the contract number of any government contract		

2.87.	State what the contract or lease is for and the nature of the debtor's interest	Amended and Restated Sublease Agreement dated as of June 1, 1996 -covering property "Science Building Facility and Sewage Treatment Facility"	
	State the term remaining	6/1/2021	Suffolk County Industrial Devel. Agency H. Lee Dennison Building 3rd Floor 100 Veterans Highway Hauppauge, NY 11788
	List the contract number of any government contract		

2.88.	State what the contract or lease is for and the nature of the debtor's interest	Outsource Expense	
	State the term remaining	Indefinite	Superior Office Services 49 West 37th Street 3rd Floor New York, NY 10018
	List the contract number of any government contract		

2.89.	State what the contract or lease is for and the nature of the debtor's interest	VeriSign BannerWeb SSL Certificate	
	State the term remaining	Exp. 12/10/2016	Symantec Corp. 487 E. Middle Road Mountain View, CA 94043
	List the contract number of any government contract		

2.90.	State what the contract or lease is for and the nature of the debtor's interest	Rental Lease	
	State the term remaining	Month to month	Theresa & Caitlin Cody 39 Chateau Drive Oakdale, NY 11769
	List the contract number of any government contract		

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.91. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**College Lease by in relation to "2002 Bond Facility" dated as of November 1, 2002
Exp. 11/1/2032****Town of Brookhaven I.D.A.
One Independence Hill
Farmingville, NY 11738**

2.92. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Sublease Agreement in relation to "2002 Bond Facility" dated as of November 1, 2002
Exp. 11/1/2032****Town of Brookhaven I.D.A.
One Independence Hill
Farmingville, NY 11738**

2.93. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Chiller payments**Exp. 10/1/2016****Univest
3331 Street Road
Suite 325
Bensalem, PA 19020**

2.94. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Phone lines used for Fire Alarms and Modems in Brookhaven**Exp. 6/30/2016****Verizon
PO Box 15124
Albany, NY 12212**

2.95. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Phone lines used for Fire Alarms and Modems in Oakdale**Exp. 6/30/2016****Verizon
PO Box 15124
Albany, NY 12212**

2.96. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Verizon Telephone Pole Lease**Exp. 6/30/2016****Verizon
PO Box 15124
Albany, NY 12212**

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.97. State what the contract or lease is for and the nature of the debtor's interest

Pole Charges

State the term remaining

List the contract number of any government contract

Verizon
PO Box 15124
Albany, NY 12212

2.98. State what the contract or lease is for and the nature of the debtor's interest

Tivoli Backup System License

State the term remaining

Exp. 12/31/2015

List the contract number of any government contract

Vicom Computer Services, Inc.
400 Broadhollow Road
Suite 1
Farmingdale, NY 11735

2.99. State what the contract or lease is for and the nature of the debtor's interest

IBM AIX 6.1 Maintenance (Banner Database Servers)

State the term remaining

Exp. 8/27/2015

List the contract number of any government contract

Vicom Computer Services, Inc.
400 Broadhollow Road
Suite 1
Farmingdale, NY 11735

2.100. State what the contract or lease is for and the nature of the debtor's interest

IBM BladeCenter, Blades, DS5100 SAN, TSM (Server, Library, SAN) Hardware Maintenance

State the term remaining

Exp. 12/31/2015

List the contract number of any government contract

Vicom Computer Services, Inc.
400 Broadhollow Road
Suite 1
Farmingdale, NY 11735

2.101. State what the contract or lease is for and the nature of the debtor's interest

Schneider Electric APC Maintenance for Main UPS in FH 321 Data Center

State the term remaining

Exp. 2/19/2017

List the contract number of any government contract

Vicom Computer Services, Inc.
400 Broadhollow Road
Suite 1
Farmingdale, NY 11735

Debtor 1 **Dowling College**

First Name

Middle Name

Last Name

Case number (if known) **16-75545 (REG)****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.102. State what the contract or lease is for and the nature of the debtor's interest **VMware vSphere and vCenter Maintenance (14 Processors)**

State the term remaining

Exp. 3/31/2016

**Vicom Computer Services, Inc.
400 Broadhollow Road
Suite 1
Farmingdale, NY 11735**

List the contract number of any government contract _____

2.103. State what the contract or lease is for and the nature of the debtor's interest **VMware vSphere and vCenter Maintenance (14 Processors)**

State the term remaining

Eff 4/1/2015-3/31/2016

**VMWare
c/o Vicom
400 Broadhollow Road, Suite 1
Farmingdale, NY 11735**

List the contract number of any government contract _____

2.104. State what the contract or lease is for and the nature of the debtor's interest **Copiers/scan/faxAlso get billed or excess copies**

State the term remaining

Exp. 10/1/2019

**Xerox Financial Services
PO Box 3147
Hicksville, NY 11802**

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**Case number (if known) **16-75545 (REG)**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Code debtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name **Dowling College**United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number (if known) **16-75545 (REG)**☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 13, 2016****X /s/ Robert S. Rosenfeld**_____
Signature of individual signing on behalf of debtor**Robert S. Rosenfeld**_____
Printed name**Chief Restructuring Officer**_____
Position or relationship to debtor

Fill in this information to identify the case:Debtor name Dowling CollegeUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number (if known) 16-75545 (REG)☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**
From 7/01/2016 to **Filing Date****Sources of revenue**
Check all that apply☐ Operating a business☒ Other Rentals and Other**Gross revenue**
(before deductions and exclusions)\$714,000.00**For prior year:**
From 7/01/2015 to 6/30/2016☒ Operating a business☐ Other _____\$32,688,928.00**For year before that:**
From 7/01/2014 to 6/30/2015☒ Operating a business☐ Other _____\$38,055,174.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. 24-7 Restoration Inc. 34 Old Field Road East Setauket, NY 11733	9/1/16 9/9/16 9/26/16 9/30/16 10/21/16 10/28/16 11/14/16 11/18/16 11/23/16	\$30,733.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. ADP LLC PO Box 842875 Boston, MA 02284	9/2/16 9/2/16 9/20/16 9/20/16 9/30/16 9/30/16 10/7/16 10/14/16 10/14/16 11/3/16 11/3/16 11/14/16 11/14/16 11/18/16 11/23/16 11/23/16	\$211,030.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payroll</u>
3.3. American Bankers Insurance PO Box 8695 Kalispell, MT 59904	10/28/16	\$58,665.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Flood Insurance</u>
3.4. Arrow Security c/o Sterling National Bank PO Box 75359 Chicago, IL 60675	9/8/16 9/28/16 9/30/16 10/7/16 10/14/16 10/21/16 10/28/16 11/4/16 11/14/16 11/18/16 11/23/16	\$301,864.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. Cablevision Lightpath, Inc. PO Box 360111 Pittsburgh, PA 15251	10/31/16 11/15/16	\$22,248.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. CohnReznick LLP 4 Becker Farm Road Roseland, NJ 07068	9/7/16 9/30/16 9/30/16 10/7/16 10/14/16	\$403,172.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.7. DataBank IMX LLC 620 Freedom Business Center Unit #120 King of Prussia, PA 19406	11/21/16	\$21,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. Garden City Group LLC PO Box 404579 Atlanta, GA 30384	11/18/16	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.9. Ingerman Smith 150 Motor Parkway Suite 400 Hauppauge, NY 11788	9/26/16 10/14/16 11/18/16 11/23/16	\$47,720.26	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal</u>
3.10 Intelli Tec Security Services LLC 150 Eileen Way Unit #2 Syosset, NY 11791	10/7/16 10/28/16 11/4/16 11/14/16	\$22,691.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 Klestadt Winters Jureller Southard & Stevens, LLP 200 West 41st Street 17th Floor New York, NY 10036	9/26/16 9/30/16 10/25/16 11/4/16 11/18/16 11/23/16	\$503,830.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal</u>
3.12 Miller Environmental Group 538 Edwards Avenue Riverhead, NY 11933	11/22/16	\$13,311.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 National Grid PO Box 11791 Newark, NJ 07101	9/8/16 9/26/16 9/30/16 10/7/16 10/14/16 10/21/16 10/28/16 11/4/16 11/4/16 11/4/16 11/14/16 11/18/16 11/23/16	\$129,630.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.14 Premium Assignment Corporation PO Box 8000 Tallahassee, FL 32314	11/14/16 11/23/16	\$71,869.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 PSEG Long Island LLC PO Box 888 Hicksville, NY 11802	9/7/16 9/26/16 9/30/16 10/7/16 10/14/16 10/21/16 10/28/16 11/4/16 11/14/16 11/18/16	\$181,379.90	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.16 RSR Consulting, LLC 1330 Avenue of the Americas Suite 23A New York, NY 10019	10/18/16 10/21/16 10/28/16 11/4/16 11/14/16 11/18/16 11/23/16	\$350,341.37	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.17 Sean Fleckenstein PO Box 1363 Stony Brook, NY 11790	9/7/16 9/28/16 9/30/16 10/14/16 10/21/16 10/28/16 11/4/16 11/14/16 11/23/16 11/18/16	\$46,030.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other ____
3.18 Simplex Grinnell PO Box 790448 Saint Louis, MO 63179	11/21/16	\$41,589.89	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.19 SterlingRisk 135 Crossways Park Drive Woodbury, NY 11797	9/30/16	\$412,210.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.20 TM Bier & Associates Inc. 79 Hazel Street Glen Cove, NY 11542	11/14/16 11/23/16	\$8,440.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.21 UMB Bank, N.A. Corporate Trust Services 120 Sixth Street, Suite 1400 Minneapolis, MN 55402	9/7/16 10/03/16 10/14/16	\$34,381.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other
3.22 Water and Sewage Treatment Enterprises 22 N. Dunton Avenue Medford, NY 11763	10/14/16 10/14/16 10/28/16 10/28/16 11/18/16	\$30,736.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.23 Winter Brothers Hauling of Long Island 1198 Prospect Avenue Westbury, NY 11590	10/21/16 11/18/16	\$8,078.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733	11/1/15 - 11/29/16	\$244,211.94	Payroll
4.2. Ralph Cerullo, Jr. 23 Canterbury Court East Setauket, NY 11733	11/1/15 - 1/29/16	\$12,032.10	Payroll
4.3. Albert Inserra 45 Inlet View Path East Moriches, NY 11940	11/1/15 - 8/19/16	\$199,769.25	Payroll
4.4. Albert Inserra 45 Inlet View Path East Moriches, NY 11940	3/16/2016	\$335.13	Expense Reimbursement
4.5. Albert Inserra 45 Inlet View Path East Moriches, NY 11940	6/29/2016	\$769.18	Expense Reimbursement
4.6. David Racanelli 73 Pacific Dunes Court Medford, NY 11763	11/1/15 - 6/2/16	\$46,723.15	Payroll
4.7. Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733	10/7/2016 - 11/23/2016	\$1,413.09	Expense Reimbursement

Debtor **Dowling College**Case number (if known) **16-75545 (REG)****5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Great American Financial Services PO Box 660831 Dallas, TX 75266	Copier System	10/7/2016	Unknown

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
UMB Corporate Trust Services P.O. Box 419692 Kansas City, MO 64141	Setoff pursuant to the lender's right under the Bond Indenture Last 4 digits of account number: <u>5743</u>	Unknown date within the 90 days prior to the Petition Date	\$453,676.31
Wilmington Trust 1100 N. Market Street Wilmington, DE 19891	Setoff pursuant to the lender's right under the Bond Indenture Last 4 digits of account number: <u>9500</u>	Unknown date within the 90 days prior to the Petition Date	\$276,195.16
UMB Corporate Trust Services P.O. Box 419692 Kansas City, MO 64141	Setoff pursuant to the lender's right under the Bond Indenture Last 4 digits of account number: <u>2511</u>	Unknown date within the 90 days prior to the Petition Date	\$74,574.19
UMB Corporate Trust Services P.O. Box 419692 Kansas City, MO 64141	Setoff pursuant to the lender's right under the Bond Indenture Last 4 digits of account number: <u>2513</u>	Unknown date within the 90 days prior to the Petition Date	\$414,283.10
UMB Corporate Trust Services P.O. Box 419692 Kansas City, MO 64141	Setoff pursuant to the lender's right under the Bond Indenture Last 4 digits of account number: <u>2516</u>	Unknown date within the 90 days prior to the Petition Date	\$68,533.99
UMB Corporate Trust Services P.O. Box 419692 Kansas City, MO 64141	Setoff pursuant to the lender's right under the Bond Indenture Last 4 digits of account number: <u>3952</u>	Unknown date within the 90 days prior to the Petition Date	\$543,518.66

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Ultimate Power, Inc. 45 Nancy Street West Babylon, NY 11704	Ultimate Power, Inc. served a Restraining Notice pursuant to NYS CPLR Section 5222(b) on TD Bank, NA. Following receipt of the Restraining Notice TD Bank, NA removed certain funds from the Debtor's accounts and placed those funds in a separate holding account. Last 4 digits of account number: <u>7019</u>	September 13, 2016	\$230.00
Ultimate Power, Inc. 45 Nancy Street West Babylon, NY 11704	Ultimate Power, Inc. served a Restraining Notice pursuant to NYS CPLR Section 5222(b) on TD Bank, NA. Following receipt of the Restraining Notice TD Bank, NA removed certain funds from the Debtor's accounts and placed those funds in a separate holding account. Last 4 digits of account number: <u>4257</u>	September 13, 2016	\$16,156.12
Ultimate Power, Inc. 45 Nancy Street West Babylon, NY 11704	Ultimate Power, Inc. served a Restraining Notice pursuant to NYS CPLR Section 5222(b) on TD Bank, NA. Following receipt of the Restraining Notice TD Bank, NA removed certain funds from the Debtor's accounts and placed those funds in a separate holding account. Last 4 digits of account number: <u>3082</u>	September 13, 2016	\$60,510.96
Ultimate Power, Inc. 45 Nancy Street West Babylon, NY 11704	Ultimate Power, Inc. served a Restraining Notice pursuant to NYS CPLR Section 5222(b) on TD Bank, NA. Following receipt of the Restraining Notice TD Bank, NA removed certain funds from the Debtor's accounts and placed those funds in a separate holding account. Last 4 digits of account number: <u>3090</u>	September 13, 2016	\$60,555.55
Ultimate Power, Inc. 45 Nancy Street West Babylon, NY 11704	Ultimate Power, Inc. served a Restraining Notice pursuant to NYS CPLR Section 5222(b) on TD Bank, NA. Following receipt of the Restraining Notice TD Bank, NA removed certain funds from the Debtor's accounts and placed those funds in a separate holding account. Last 4 digits of account number: <u>2490</u>	September 13, 2016	\$368,198.51
Powerhouse Paving P.O Box 5845 Hauppauge, NY 11788	Powerhouse Paving served a Restraining Notice pursuant to NYS CPLR Section 5222(b) on TD Bank, NA. Following receipt of the Restraining Notice TD Bank, NA removed certain funds from the Debtor's accounts and placed those funds in a separate holding account. Last 4 digits of account number: <u>3699</u>	August 22, 2016	\$878.69

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Sans Technology, Inc. v. Dowling College Index No. 613595/2015	Breach of Contract	Supreme Court of the State of New York John P. Cohalan, Jr. Court Complex 400 Carleton Avenue P.O. Box 9080 Central Islip, NY 11722	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Gerald M. Oshea Inc., d/b/a L.I. Hardware v. Dowling College Index No. CC-000159-16/IS	Goods Sold and Delivered Arbitration Award - Small Claims	Suffolk County District Court - Fifth 3105 Veterans Memorial Highway Ronkonkoma, NY 11779	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	Gerald M. Oshea Inc., d/b/a L.I. Hardware v. Dowling College Index No. CC-000158-16/IS	Goods Sold and Delivered Arbitration Award - Small Claims	Suffolk County District Court - Fifth 3105 Veterans Memorial Highway Ronkonkoma, NY 11779	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	Ultimate Power Inc. v. Dowling College Index No. 607580/2015	Labor and Materials	Supreme Court of the State of New York John P. Cohalan, Jr. Court Complex 400 Carleton Avenue P.O. Box 9080 Central Islip, NY 11722	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	Powerhouse Maintenance, Inc. d/b/a Powerhouse Paving v. Dowling College Enterprise Foundation, Inc. and Albert Inserra in his Capacity as President of an unincorporated association know as Dowling College, and Dowling College Index No. 606286/2015	Labor and Materials	Supreme Court of the State of New York John P. Cohalan, Jr. Court Complex 400 Carleton Avenue P.O. Box 9080 Central Islip, NY 11722	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6.	Lori Zaikowski, on behalf of herself and all others similarly situated v. Dowling College, aka Dowling College Enterprise Foundation, Inc., dba Dowling Institute, dba Dowling College Alumni Association, dba Cecom Adversary Case No. 16-08178	Demand for payment of salary and benefits	United States Bankruptcy Court, EDNY 290 Federal Plaza Central Islip, NY 11722	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	Nicholas J. Mauro, Ph.D. N/A	Demand for Early Retirement Incentive Plan payments		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.8.	Access Staffing, LLC v. Dowling College	Breach of Contract	Supreme Court of the State of New York Supreme Court, Nassau County 100 Supreme Court Drive Mineola, NY 11501	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.9.	Martin Schoenhals v. Dowling College Chapter, New York State United Teachers, Local # 3890, New York State United Teachers, AFT, AFL-CIO and Dowling College Civil Action No. 15-cv-02044	Wrongful termination	United States District Court, EDNY Long Island Courthouse 100 Federal Plaza Central Islip, NY 11722	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	Absolute Plumbing of Long Island, Inc. v. Dowling College N/A	Mechanic's Lien		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	Carrier Corporation N/A	Mechanic's Lien \$2,541.48		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	Carrier Corporation N/A	Mechanic's Lien \$4,000.00		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13	Carrier Corporation N/A	Mechanic's Lien \$20,940.00		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.14	Carrier Corporation N/A	Mechanic's Lien \$34,200.00		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.15	Carrier Corporation N/A	Mechanic's Lien \$6,317.50		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.16	Universal Temperature Controls Ltd. N/A	Mechanic's Lien \$7,830.03		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.17	SimplexGrinnell LP N/A	Mechanic's Lien \$25,095.00		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.18	United States of America National Labor Relations Board 29-CA-183006	The International Union of Operating Engineers, Local 30 filed a charge with the National Labor Relations Board against Dowling College arising from alleged violations of the Collective Bargaining Agreement by and between IUOE, Local 30 and Dowling College. The NLRB is conducting an investigation.	United States of America National Labor Region 29 Two Metro-Tech Center, 5th Floor Brooklyn, NY 11201	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.19	U.S. Department of Labor	The U.S. Department of Labor is conducting an investigation into the Dowling College Employee Benefit Plan.	U.S. Department of Labor Employee Benefits Security Administration 33 Whitehall Street, Suite 1200 Matt Manfredi New York, NY 10004	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.20	Local 153, OPEIU; OPEIU, Local 153 and Dowling College 1-16-0003-3581	Demand for arbitration filed by Office & Prof. Employees Int'l Union Local 153, AFL-CIO in connection with a grievance arising from alleged violations of the Collective Bargaining Agreement by and between Local 153 and Dowling College.	American Arbitration Association 120 Broadway, 21st Floor New York, NY 10271	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.21	Dowling College Chapter of NYSUT	Grievance filed by the Dowling College Chapter of New York State United Teachers arising from alleged violations of the Collective Bargaining Agreement by and among Dowling College Chapter of New York State United Teachers and Dowling College.		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
13 iMac A1419s - Stolen	28,178.82	8/26/2016	Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	CohnReznick LLP 4 Becker Farm Road Roseland, NJ 07068		8/8/2016 10/14/2016	\$637,436.04
	Email or website address			
	Who made the payment, if not debtor? UMB Bank, National Association, as escrow agent from funds contributed by the proposed debtor in possession lenders for the benefit of the Debtor			
11.2.	Klestadt Winters Jureller Southard & Stevens, LLP 200 West 41st Street 17th Floor New York, NY 10036-7203	Attorney Fees	9/30/2016 10/25/2016 11/4/2016 11/18/2016 11/23/2016	\$457,221.34
	Email or website address			
	Who made the payment, if not debtor? UMB Bank, National Association, as escrow agent from funds contributed by the proposed debtor in possession lenders for the benefit of the Debtor			
11.3.	Ingerman Smith, L.L.P. 150 Motor Pkwy Suite 400 Hauppauge, NY 11788		11/23/2016	\$15,000.00
	Email or website address			
	Who made the payment, if not debtor? UMB Bank, National Association, as escrow agent from funds contributed by the proposed debtor in possession lenders for the benefit of the Debtor			

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.4. RSR Consulting, LLC 1330 Avenue of the Americas Suite 23A New York, NY 10019		10/18/2016 10/21/2016 10/28/2016 11/4/2016 11/14/2016 11/18/2016 11/23/2016	\$350,341.37

Email or website address

Who made the payment, if not debtor?
**UMB Bank, National Association, as
 escrow agent from funds
 contributed by the proposed debtor
 in possession lenders for the
 benefit of the Debtor**

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Debtor collects and retains names, addresses, SSN's of students, and certain financial information.

Does the debtor have a privacy policy about that information?

☐ No☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

I.A.M. National Pension Fund

Employer identification number of the plan

EIN: **51-6031295**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

International Union of Operating Engineers Local 30 Pension Fund 001

Employer identification number of the plan

EIN: **51-6045848**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Local 153 Pension Fund 001

Employer identification number of the plan

EIN: **13-2864289**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Dowling College Defined Contribution Plan

Employer identification number of the plan

EIN: **11-2157078**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Dowling College**Case number (if known) **16-75545 (REG)****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
----------------------------------------	---------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Astro Moving & Storage 30 Jefferson Avenue Saint James, NY 11780	Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733	Various records for School of Ed, School of Business, Arts & Sciences, Dowling Institute, HR, Business & Finance, Accounting, Bursar, Admissions, Degree Audit, etc.	<input type="checkbox"/> No
	Anna Stoloff 325 W 4th St Deer Park, NY 11729		<input checked="" type="checkbox"/> Yes
Iron Mountain 1000 Campus Drive Collegeville, PA 19426	Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733	Various records for School of Ed, School of Business, Arts & Sciences, Dowling Institute, HR, Business & Finance, Accounting, Bursar, Admissions, Degree Audit, etc.	<input type="checkbox"/> No
	Anna Stoloff 325 W 4th St Deer Park, NY 11729		<input checked="" type="checkbox"/> Yes
Iron Mountain 1000 Campus Drive Collegeville, PA 19426	Anna Stoloff 325 W 4th St Deer Park, NY 11729	Multi-Media Storage	<input type="checkbox"/> No
	Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733		<input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Owner's name and address	Location of the property	Describe the property	Value
People of the State of New York c/o NYSAG, Charities Bureau 120 Broadway Attn: Peggy Farber New York, NY 10271	Dowling College - Oakdale Campus Dowling College - Brookhaven Campus	Misc. restricted assets	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Dowling Manhattan Center 26 Broadway, 12th Floor New York, NY 10004	Center for learning	Dates business existed EIN: From-To Pre June 2016 until June 2016

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Debtor **Dowling College**Case number (if known) **16-75545 (REG)**☐ None

Name and address		Date of service From-To
26a.1.	Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733	4/25/2013 - Present
26a.2.	Jaclyn Carlo 49 Grandview Lane Smithtown, NY 11787	10/9/2006 - 8/11/2013
26a.3.	Jacqueline Pearsall 201 O'Keefe Court Oakdale, NY 11769	9/21/2005 - 5/2/2016

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	KPMG LLC 1305 Walt Whitman Road Suite 200 Melville, NY 11747	1/1/1993 - present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	UMB Bank, N.A. Corporate Trust Services 120 Sixth Street, Suite 1400 Minneapolis, MN 55402
26d.2.	Wilmington Trust, National Association Corporate Trust Services 25 South Charles Street, 11th Floor Baltimore, MD 21201
26d.3.	ACA Financial Guaranty Corp. Carl B. McCarthy, General Counsel 555 Theodore Fremd Avenue Suite C-205 Rye, NY 10580
26d.4.	Oppenheimer Funds 350 Linden Oaks Rochester, NY 14603

Debtor **Dowling College**Case number (if known) **16-75545 (REG)****Name and address**

26d.5. **Moody's Investors Service, Inc.**
7 World Trade Center
250 Greenwich Street
New York, NY 10007

26d.6. **Standard & Poor's Financial Services LLC**
55 Water Street
New York, NY 10041

26d.7. **TD Bank, N.A.**
188 North Main Street
Sayville, NY 11782

26d.8. **RBC Capital**
3 World Financial Center
New York, NY 10281

26d.9. **SterlingRisk**
135 Crossways Park Drive
Woodbury, NY 11797

26d.10. **Middle States Commission on Higher Educ**
3624 Market Street
2nd Floor West
Philadelphia, PA 19104

26d.11. **New York State Education Department**
89 Washington Avenue
Albany, NY 12234

26d.12. **United States Department of Education**
Lyndon Baines Johnson (LBJ)
Department of Education Building
400 Maryland Avenue, SW
Washington, DC 20202

26d.13. **Office of the Attorney General**
The Capitol
Albany, NY 12224

26d.14. **Baker Tilly**
125 Baylis Road
Suite 300
Melville, NY 11747

26d.15. **Dowling College Chapter of NYSUT**
150 Motor Parkway
Hauppauge, NY 11788

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

Name	Address	Position and nature of any interest	% of interest, if any
Gerald J. Curtin	PO Box 608 Great River, NY 11739	Trustee, Vice Chairman	
Name	Address	Position and nature of any interest	% of interest, if any
Jack O'Connor	59 Harbour Drive Bethpage, NY 11714	Trustee	
Name	Address	Position and nature of any interest	% of interest, if any
Dennis O'Doherty	105 Cleveland Avenue Sayville, NY 11782	Trustee	
Name	Address	Position and nature of any interest	% of interest, if any
Ronald Parr	6 Glenrich Drive Saint James, NY 11780	Trustee	
Name	Address	Position and nature of any interest	% of interest, if any
Joseph K. Posillico	3 Kaiser Hill Road Huntington, NY 11743	Trustee, Secretary	
Name	Address	Position and nature of any interest	% of interest, if any
Michael P. Puorro	25 Davison Lane West West Islip, NY 11795	Trustee, Chairman	
Name	Address	Position and nature of any interest	% of interest, if any
John Racanelli	4 Morris Lane Oyster Bay, NY 11771	Trustee	
Name	Address	Position and nature of any interest	% of interest, if any
Dr. Patricia M. Blake, Esq.	452 Montauk Highway East Moriches, NY 11940	Trustee	
Name	Address	Position and nature of any interest	% of interest, if any
Robert S. Rosenfeld, CPA, CFE	c/o RSR Consulting, LLC 1330 Avenue of the Americas Suite 23A New York, NY 10019	Chief Restructuring Officer	
Name	Address	Position and nature of any interest	% of interest, if any
Ralph Cerullo	23 Canterbury Court East Setauket, NY 11733	Chief Financial Officer	
Name	Address	Position and nature of any interest	% of interest, if any
Anne Dimola	14 Christopher Court West Islip, NY 11795	Corp., Secretary	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Albert Inserra	45 Inlet View Path East Moriches, NY 11940	President	Resigned 8/19/2016
Name	Address	Position and nature of any interest	Period during which position or interest was held
Mryka A. Gonzalez	104 Monroe Avenue Patchogue, NY 11772	Trustee	Resigned 8/31/2015
Name	Address	Position and nature of any interest	Period during which position or interest was held
Deborah K. Richman	175 East Shore Road Huntington, NY 11743	Trustee	Resigned 11/24/2015
Name	Address	Position and nature of any interest	Period during which position or interest was held
Chad Shandler	c/o CohnReznick LLP 1301 Avenue of the Americas New York, NY 10019	Chief Restructuring Officer	

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733	\$244,211.94	11/1/15 - 11/30/16	Payroll
	Relationship to debtor Chief Financial Officer			
30.2	Ralph Cerullo 23 Canterbury Court East Setauket, NY 11733	\$1,413.09	10/7/16 - 11/23/16	Expense checks
	Relationship to debtor Chief Financial Officer			
30.3	Ralph Cerullo, Jr. 23 Canterbury Court East Setauket, NY 11733	12032.10	11/1/15 - 1/29/16	Payroll
	Relationship to debtor Son of Chief Financial Officer			

Debtor **Dowling College**Case number (if known) **16-75545 (REG)**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.4	Albert Inserra 45 Inlet View Path East Moriches, NY 11940	\$199,769.25	11/1/15 - 8/19/16	Payroll
	Relationship to debtor Former President			
30.5	Albert Inserra 45 Inlet View Path East Moriches, NY 11940	\$335.13	3/16/2016	Expense Check
	Relationship to debtor Former President			
30.6	Albert Inserra 45 Inlet View Path East Moriches, NY 11940	\$769.18	6/29/2016	Expense check
	Relationship to debtor Former President			
30.7	David Racanelli 73 Pacific Dunes Ct. Medford, NY 11763	\$46,723.15	11/1/15 - 6/2/16	Payroll
	Relationship to debtor Brother/Son to Trustee			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Dowling College Defined Contribution Plan - 403(b)EIN: **11-2157078****I.A.M. National Pension Fund**EIN: **51-6031295****International Union of Operating Engineers Local 30 Pension Fund 001**EIN: **51-6045848****Local 153 Pension Fund 001**EIN: **13-2864289****Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true

Debtor **Dowling College**

Case number (if known) **16-75545 (REG)**

and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 13, 2016**

/s/ Robert S. Rosenfeld
Signature of individual signing on behalf of the debtor

Robert S. Rosenfeld
Printed name

Position or relationship to debtor **Chief Restructuring Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes